You have received this "Request for Applications (RFA)" through USAID Internet site. If you have any questions regarding this RFA you may contact the USAID Official named in the cover letter of this solicitation. If you are not using Word 97 to view this document, you will have to save the document in the format of the wordprocessor that you are using in order to view and print any standard forms. The number of pages contained in this electronic copy may not exactly correspond to the hard paper copy, although generally all the information is contained herein.

The Agency is not responsible for any data/text that may not be received when retrieving this document electronically. If the recipient does not notify the contact person that they have obtained this document then any amendments to the document may not be available to the recipients. Amendments to solicitation documents generally contain information critical to the submission of an application.

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
MISSION TO MALI AND THE WEST AFRICA REGIONAL PROGRAM
Acquisition & Assistance Office

OPENING DATE: Friday, December 20, 2002
CLOSING DATE: Thursday, February 20, 2003

SUBJECT: Request for Application (RFA) No. 688-03-008-00
West Africa Regional Health Program

Dear Sir/Madam:
The United States (U.S.) Government, represented by the the West African Regional Program (WARP) of the U.S. Agency for International Development is soliciting applications from U.S. private voluntary orgnizations, not-for-profit organizations, universities and other legal entitities in the private sector with the requisite capability and experience to conduct a program aimed at supporting achievement of the goals described in the attached pages.

All readers are advised to read this RFA carefully. Numerous significant and material changes have been made from the released draft version of the RFA based in part on comments from interested parties.

If you decide to submit a proposal, it must be presented in accordance with the attached solicitation and received no later than 4:00 p.m. (1600 hours), local Bamako, Mali, time on the Closing Date indicated above at the place shown below. Proposals and modifications thereof, should be submitted with the name, street address, telephone number, internet email address of a point-of-contact who is an authorized agent of the offeror and Request for Proposal Number inscribed thereon, must be addressed to:

Marcus A. Johnson, Jr.
Regional Agreement Officer

Internet email: marcusjohnson@usaid.gov

Facsimile: (223) 223 68 31

US Mailing Address: 2050 Bamako Place
Washington, DC 20521-2050

Int'l Mailing Address: USAID/Mali

B.P. 34
Bamako, Mali

Street location: Immeuble Dotembougou
Rue Raymond Pointcarre & Rue 319
Quartier du Flueve
Bamako, Mali

Mission Website: **http://www.usaid.org.ml**

In recognition of the many changes in today's development assistance environment, and in the context of USAID's new Global Development Alliance (GDA), USAID/WARP strongly encourages (but does not require) the formation of public-private alliances in the implementation of its programs. Official U.S. Government assistance now accounts for only a minority share of the flow of resources from the United States to developing countries. Foundations, private companies, non-governmental organizations (NGOs) and others entities have become increasingly active in financing development efforts in West Africa and elsewhere, and they are often looking for synergies with other similar programs.

Organizations reviewing the Solicitation and considering submitting proposals in response to the Solicitation are specifically encouraged to consider on potential public-private alliance approaches. By "public-private alliance" USAID means proposals with material and significant non-federal resources offered in their proposals, in order to more fully address the development challenges in WARP as outlined in the solicitation. One criteria that the GDA Secretariat uses to define a "public-private alliance" is a least one-to-one leveraging of USAID's resources with additional non-federal resources. While it is not possible to apply this standard to all activities to be funded by USAID/ WARP, it is preferable whenever possible. Potential offerors are strongly encouraged to think innovatively and creatively about ways to draw forth significant non-federal resources, be they in cash or in kind, and to incorporate commitments to such resources into their proposals to USAID. Public-private alliances are expected to bring together a coalition of organizations and individuals who will jointly define a problem, situation, and solution, thereby capitalizing on the combine knowledge, skills and expertise of all partners.

Partners could include a wide range of organizations such as: foundations, U.S. and non-U.S. non-governmental organizations (NGOs), U.S. and non-U.S. private businesses, business and trade associations, international organizations, U.S. and non-U.S. colleges and universities, U.S. cities and states, other U.S. Government agencies, civic groups, other donor governments, host country governments, regional organizations, host country parastatals, philanthropic leaders including venture capitalists, public figures, advocacy groups, pension funds and employee-welfare plans, etc.

More information about USAID's Global Development Alliance can be found at "**www.usaid.gov/gda**"

The Recipient will be responsible for ensuring achievement of the program objective. Please refer to the Program Description for a complete statement of goals and expected results.

Pursuant to 22 CFR 226.81, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the grant program and are in accordance with applicable cost standards (22 CFR 226, OMB Circular A-122 for non-profit

organization, OMB Circular A-21 for universities, and the Federal Acquisition Regulation (FAR) Part 31 for-profit organizations), may be paid under the grant.

USAID anticipates making two awards (both Cooperative Agreements), each with a 3-year base period and two, one-year option periods for the program. One award will focus primarily on meeting the rapidly growing needs of the HIV/AIDS epidemic in West Africa. The second award will have two major components: providing the leadership for meeting IR 5.3 objectives (Increasing Capacity of Regional Institutions) and supporting the family planning/reproductive health, child survival/infectious diseases and micronutrient activities described below.

Subject to the availability of funds, USAID intends to provide up to approximately $70 million in total USAID financial support allocated over the 5-year period, e.g. $14.1 million per year. USAID reserves the right to fund any or none of the applications submitted.

For the purposes of this program, this RFA is being issued and consists of this cover letter and the following:

1. Section I - Grant Application Format;
2. Section II - Selection Criteria;
3. Section III – Program Description;
4. Section IV - Certifications, Assurances, and Other Statements of Applicant/Grantee;

For the purposes of this RFA, the term "Grant" is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient"; and "Grant Officer" is synonymous with "Agreement Officer".

Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of an application. In addition, final award of any resultant grant(s) cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for award. Applications are submitted at the risk of the applicant; should circumstances prevent award of a cooperative agreement, all preparation and submission costs are at the applicant's expense.
In the event of an inconsistency between the documents comprising this RFA, it shall be resolved by the following descending order of precedence:

(a) Section II - Selection Criteria;
(b) Section I - Grant Application Format;
(c) Section III - The Program Description;
(d) This Cover Letter.

Sincerely,

Marcus A. Johnson, Jr.
Regional Agreement Officer

Table of Contents **Page**

SECTION I - GRANT APPLICATION FORMAT

PREPARATION GUIDELINES

All applications received by the deadline will be reviewed for responsiveness to the specifications outlined in these guidelines and the application format. Section II addresses the technical evaluation procedures for the applications. Applications which are submitted late or are incomplete run the risk of not being considered in the review process. "Late applications will not be considered for award" or "Late applications will be considered for award if the Agreement Officer determines it is in the Government's interest."

Applications shall be submitted in two separate parts: (a) technical and (b) cost or business application.

The application should be prepared according to the structural format set forth below. Applications must be submitted no later than the date and time indicated on the cover page of this RFA, to the location indicated on the cover page of the cover letter accompanying this RFA.

Technical applications should be specific, complete and presented concisely. The applications should demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. The applications should take into account the technical evaluation criteria found in Section II.

Applicants should retain for their records one copy of the application and all enclosures which accompany their application. Erasures or other changes must be initialed by the person signing the application. To facilitate the competitive review of the applications, USAID will consider only applications conforming to the format prescribed below.

COST APPLICATION FORMAT

The Cost or Business Application is to be submitted under separate cover from the technical application. Certain documents are required to be submitted by an applicant in order for the Grant Officer to make a determination of responsibility. However, it is USAID policy not to burden applicants with undue reporting requirements if that information is readily available through other sources.

The following sections describe the documentation that applicants for Assistance award must submit to USAID prior to award. While there is no page limit for this portion, applicants are encouraged to be as concise as possible, but still provide the necessary detail to address the following:

A. A copy of the program description that was detailed in the applicants' program description, formatted in MS Word 2000 and provided electronically to USAID.

B. Include a budget with an accompanying budget narrative which provides in detail the total costs for implementation of the program your organization is proposing. The budget must be submitted using Standard Form 424 and 424A which can be downloaded from the USAID web site, http://www.usaid.gov/procurement_bus_opp/procurement/forms/sf424/;

- the breakdown of all costs associated with the program according to costs of, if applicable, headquarters, regional and/or country offices;

- the breakdown of all costs according to each partner organization involved in the program;

- the costs associated with external, expatriate technical assistance and those associated with local in-country technical assistance;

- the breakdown of the financial and in-kind contributions of all organizations involved in implementing this Cooperative Agreement;

- potential contributions of non-USAID or private commercial donors to this Cooperative Agreement;

- your procurement plan for commodities (excluding contraceptives and condoms- see p. 29).

C. A current Negotiated Indirect Cost Rate Agreement;

D. Required certifications and representations (as attached):

E. Cost share target ratio of 1-to-1 of the total estimated amount has been recommended. The exact percentage may vary but some amount of cost-sharing, matching arrangement, and/or in-kind contribution is required to be eligible for consideration of award.

F. Applicants who do not currently have a Negotiated Indirect Cost Rate Agreement (NICRA) from their cognizant agency shall also submit the following information:

1. copies of the applicant's financial reports for the previous 3-year period, which have been audited by a certified public accountant or other auditor satisfactory to USAID;

2. projected budget, cash flow and organizational chart;

3. A copy of the organization's accounting manual.

G. Applicants should submit any additional evidence of responsibility deemed necessary for the Grant Officer to make a determination of responsibility. The information submitted should substantiate that the Applicant:

1. Has adequate financial resources or the ability to obtain such resources as required during the performance of the award.

2. Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the applicant, nongovernmental and governmental.

3. Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance.

4. Has a satisfactory record of integrity and business ethics; and

5. Is otherwise qualified and eligible to receive a grant under applicable laws and regulations (e.g., EEO).

H. Applicants that have never received a grant, cooperative agreement or contract from the U.S. Government are required to submit a copy of their accounting manual. If a copy has already been submitted to the U.S. Government, the applicant should advise which Federal Office has a copy.

In addition to the aforementioned guidelines, the applicant is requested to take note of the following:

I. Unnecessarily Elaborate Applications - Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective application in response to this RFA are not desired and may be construed as an indication of the applicant's lack of cost consciousness. Elaborate art work, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.

J. Acknowledgement of Amendments to the RFA - Applicants shall acknowledge receipt of any amendment to this RFA by signing and returning the amendment. The Government must receive the acknowledgement by the time specified for receipt of applications.

K. Receipt of Applications - Applications must be received at the place designated and by the date and time specified in the cover letter of this RFA.

L. Submission of Applications:

1. Applications and modifications thereof shall be submitted electronically e.g., no more than 6 attachments (2MB limit) per email in any software application compatible with MS Word 2000 and MS Excel and/or Adobe Portable Document Format (PDF). Hard copy of applications and modifications thereof are not required or desired unless the Regional Agreement Officer states otherwise.

2. Faxed applications will not be considered. However, the completed, signed Standard Form 424 "Application for Federal Assistance" and 424A "Budget Information" and other required signed pages of bidders electronic application packages may be faxed, if received by the time specified for receipt of applications on the cover page.

M. Preparation of Applications:

1. Applicants are expected to review, understand, and comply with all aspects of this RFA. Failure to do so will be at the applicant's risk.

2. Each applicant shall furnish the information required by this RFA. The applicant shall sign the application and print or type its name on the Cover Page of the technical and cost applications. Erasures or other changes must be initialed by the person signing the application. Applications signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

3. Applicants who include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purposes, should:

(a) Mark the title page with the following legend:

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed - in whole or in part - for any purpose other than to evaluate this application. If, however, a grant is awarded to this applicant as a result of - or in connection with - the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting grant. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets; and

(b) Mark each sheet of data it wishes to restrict with the following legend:

"Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

N. Explanation to Prospective Applicants - Any prospective applicant desiring an explanation or interpretation of this RFA must request it in writing within three weeks of receipt of the application to allow a reply to reach all prospective applicants before the submission of their applications. Oral explanations or instructions given before award of a Grant will not be binding. Any information given to a prospective applicant concerning this RFA will be furnished promptly to all other prospective applicants as an amendment of this RFA, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicants.

O. Grant Award:

1. The Government may award one or more Grants resulting from this RFA to the responsible applicant(s) whose application(s) conforming to this RFA offers the greatest value (see also Section II of this RFA). The Government may (a) reject any or all applications, (b) accept other than the lowest cost application, (c) accept more than one application (see Section III, Selection Criteria), (d) accept alternate applications, and (e) waive informalities and minor irregularities in applications received.

2. The Government may award one or more Grant(s) on the basis of initial applications received, without discussions. Therefore, each initial application should contain the applicant's best terms from a cost and technical standpoint.

3. Neither financial data submitted with an application nor representations concerning facilities or financing, will form a part of the resulting Grant(s).

P. Authority to Obligate the Government - The Grant Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed Grant may be incurred before receipt of either a fully executed Grant or a specific, written authorization from the Grant Officer.

Q. Non-Financial Commitments - USAID may consider more than financial commitment as a mean of its support. Example, to obtain the maximum public-private alliance partnership possible an offeror requests that the Cognizant Technical Officer (CTO) and/or the Mission Director to meet annually with the Board of Directors of a corporation or foundation at its HQ somewhere in the world to present the view of the U.S. Government as to how the alliance is performing. The expense would be outside the financing of the award but is a specific request of the offeror e.g., the alliance partner(s).

SECTION II - SELECTION CRITERIA

The criteria presented below have been tailored to the requirements of this particular RFA. Applicants should note that these criteria serve to: (a) identify the significant matters which applicants should address in their applications and (b) set the standard against which all applications will be evaluated. To facilitate the review of applications, applicants should organize the narrative sections of their applications in the same order as the selection criteria.

The technical applications will be evaluated in accordance with the Technical Evaluation Criteria set forth below. Thereafter, the cost application of all applicants submitting a technically acceptable application will be opened and costs will be evaluated for general reasonableness, allowability, and allocability. To the extent that they are necessary (if award is made based on initial applications), negotiations will then be conducted with all applicants whose application, after discussion and negotiation, has a reasonable chance of being selected for award. Awards will be made to responsible applicants whose applications offer the greatest value, cost and other factors considered.

Awards will be made based on the ranking of proposals according to the technical selection criteria identified below.

The Regional Agreement Officer in consultation with WARP will review applications in accordance with selection criteria specified in this Request for Applications.

A. Mandatory Criteria

Applications must satisfy this minimum criterion to be eligible (e.g. responsible) for further consideration.

1. This includes but not limited to the criteria that applicants must be a U.S. Non-Government Organization (NGO) or other type of legal entity accredited or able to obtain accreditation to operate in ECOWAS member states; and
2. Cost Sharing, Matching Arrangement and/or In-Kind Contribution from the recipient is required. USAID policy does not state a specific minimum or maximum percentage of recipient contribution. However some amount of contribution from non-U.S. Federal sources is required.

"Cost- sharing" means the application presents cash from non-US Federal sources which the offeror will use in the performance of the award. "Matching-Arrangement" means the application presents cash from non-US Federal sources which will be provided at a set ratio (e.g. for every 2 dollars USAID obligates the recipient will provide 1 dollar.) "In-Kind Contribution" means the donation of tangible property (such as computers, medical and lab equipment, intellectual property rights, technology transfer, but excluding real) or services (such as rent, utilities, etc.) provided by the recipient to the Government.

B. EVALUATION CRITERIA: BEST VALUE

A review panel established under the direction of the Regional Agreement Officer will evaluate proposals. The review panel and the Regional Agreement Officer will use "Best Value" criteria to determine the proposal most advantageous to the U.S. Government. **All evaluation factors other than cost or price, when combined, are significantly more important than cost or price. Technical evaluation factors, and the subfactors thereof, are listed below are of equal weight to each other**. **Cost evaluation factors, and the subfactors thereof, are listed below are of equal weight to each other.** The award shall be made to the responsive and responsible offeror whose combined technical and cost factor offer the best value to the U.S. Government.

A. TECHNICAL EVALUATION

1) Qualifications of key personnel

a. Appropriate technical experience for the position proposed (See Section VI., paragraph C. on page 62);
b. Appropriate educational background for the position proposed;
c. Previous work in the region, or other background, that demonstrates the ability to work effectively in the position proposed;
d. Ability to work effectively in the English, French, and other local languages.

2) Technical Approach:

a. The likelihood that the programs for which funding is sought will make a recognizable, significant and measurable contribution towards achieving the intermediate and lower results identified in this RFA. A list of suggested indicators is provided in Section III, D. for the various intermediate results envisaged for this program. Together with the outcomes identified for the various technical domains, these provide a guide on the nature of programs envisaged. Bidders are encouraged to propose additional indicators at the IR and activity levels. It is recognized that traditional service level and population based indicators generally used in national programs may not be appropriate for this regional initiative.

(Process indicators will suffice in some instances as interventions are usually not aimed at a fixed, meaningful or well defined denominator population for which performance rates can be calculated. Bidders are also advised to consult the USAID handbook of indicators to make sure that to the maximum extent possible appropriate indicators are used for proposed activities in each of the intervention areas to demonstrate project impact. Note the importance of the indicators linked to activities for which proposals are being requested in judging this criteria. In addition, a proper strategic fit should also take into consideration.)

b. Propose sustainability targets on an annual basis (plan) for phased transition for increasing African institution capacity to continue activities by year five.

c. Mobilization Plan. Along with the Technical Proposal the Offeror must submit a Mobilization Plan. This plan will guide the organization of contract resources and initial activities. The mobilization plan will provide details of work to be carried out in the initial 90-day period of the contract. At a minimum, it will cover the anticipated logistics of award start-up and the process and timing of establishing administrative and financial control systems. It will also cover the timing of the initial deployment of expatriate staff, the plan for hiring appropriately qualified local staff, and the plan for the initial activities to be executed by these staff members.

d. Evidence of and the extent to which non-US Federal sources provides a comparative advantage in meeting the goals and objectives of the West Africa Regional Health Program.

3) Past Performance

a. Offeror demonstrates the relationship between the methods and techniques, which it proposes to undertake in this award and its previous performance and experience with similar or related activities;
b. Previous performance for USAID, other donors, or other entities in the Health field in West African countries.
c. Demonstrates capacity to manage personnel needs and requirements for a large multi-faceted program operating in West African countries.
d. Demonstrates an effective system for managing subgrants, joint-venture relationships or any other method proposed for involving the work of other organizations to carry out the Agreement.

(Note: The U.S. Government will evaluate the quality of the offeror's past performance. This evaluation is separate and distinct from the Contracting Officer's responsibility determination. The assessment of the offeror's past performance will be used to evaluate the relative capability of the offeror and other competitors to successfully carryout the program. Past performance of significant and critical subcontractors and other types of partnerships in bidders applications will be considered to the extent warranted by their involvement in the proposed effort.)

The U.S. Government reserves the right to obtain information for use in the evaluation of past performance from any and all sources outside of the U.S. Government. Offerors lacking relevant past performance history will receive a neutral rating for past performance. However, the proposal of an offeror with no relevant past performance, may not represent

the most advantageous proposal to the U.S. Government and thus, may be an unsuccessful proposal when compared to the proposals of the other offerors. The offeror must provide the information requested above for past performance evaluation or affirmatively state that it possesses no relevant directly related or similar past performance experience. The Government reserves the right not to evaluate or consider for award the entire proposal from an offeror which fails to provide the past performance information or which fails to assert that it has no relevant directly related or similar past performance experience.

B. COST EVALUATION

The recipient should have a structure that will allow it to provide the greatest value (highest results) at the lowest cost; minimizing and/or eliminating overall administrative costs, overhead, subcontract/subgrant pass-through costs, international staff benefits, home office communications and other administrative support costs. Each offeror's cost proposal of the base period and option periods shall be evaluated based on the following criteria in comparison with the cost proposal of other offerors:

1) Effectiveness of proposed cost control structure
a. Budget transparency to effectively track expenditures; and
b. Subcontracting/grantmaking methods are clearly defined. (Costs related to the purchase of contraceptives should not be budgeted. WARP will procure, or assist in securing from other donor sources, the contraceptives estimated for the program.)

2) Reasonableness of proposed labor cost and structure
a. Expatriate salary structure and expense; and
b. Local salary structure and expense

3) Cost efficiency of proposed Other Direct Costs (ODCs)
a. Offers market competitive pricing estimates of tangible items to be used for performance; and
b. Competitiveness of pricing and soundness purchase methods of international and in-country air travel and surface transportation.

4) Amount of cost-sharing, matching arrangements, and/or market value of in-kind contributions proposed.
a. amount and/or market value from non-U.S. Federal sources; and
b. amount and/or market value from all sources, if different than “a.”

5) Reasonableness of overall proposed price

SECTION III - PROGRAM DESCRIPTION

I. Background

A. Summary of Region's Health Profile
B. USAID's History and Comparative Advantage

II. Identification of key constraints and gaps

A. HIV/AIDS
B. RH including Maternal Health
C. Child Survival/Nutrition/Infectious Disease
D. Human Resource and Institutional Capacity Strengthening

III. Program strategy and objectives

A. Summary of WARP strategy.
B. Description of the WARP SO5 Health Strategy
C. WARP SO5 Framework
D. WARP/SO5 and IR indicators
E. Partnerships with regional entities
F. Partnerships with USAID bilateral Missions and non-presence countries
G. Consideration for gender Issues

IV. Guidance to bidders

A. Types of resources available
B. Anticipated USAID funding parameters
C. Award guidance
D. Complementary activities
E. Program description

V. Detailed technical requirements

A. Description and discussion by technical area

HIV/AIDS

- Project approach
- Illustrative Activities by I.R
- Outcome Table

Family Planning/Reproductive Health

- Project approach
- Illustrative Activities by I.R.
- Outcome Table

Child Survival, Infectious Diseases, and Micronutrients

- Project Approach
- Illustrative Activities by I.R.
- Outcome Table

Human Resource and Institutional Development requirements

- Project approach
- Illustrative Activities
- Outcome Table

B. Program Summary

VI. Implementation arrangements

A. USAID management structure and responsibilities
B. Parameters for CA location of offices and staff
C. Key personnel requirements

VII. Reporting requirements

ACRONYMS AND ABBREVIATIONS

ADB	African Development Bank
ADRA	Adventist Relief Agency
USAID/AFR	USAID Africa Bureau
Africare	International development NGO
AFRICASO	African Council of AIDS Service Organizations
AGOA	Africa Growth and Opportunity Act
AIDS	Acquired Immune Deficiency Syndrome
AIM	AIDS Impact Model
ARV	Antiretroviral
BASICS	BASIC Support for Institutionalizing Child Survival
BCC	Behavior Change Communication
CA	Cooperating Agency
CAFS	Center for African Family Studies
CBD	Community-based distributor/distribution
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
RETRO-CI	Retrovirus-Côte d'Ivoire
CEFOREP	Centre Regional de Formation et Recherche en Santé de la Reproduction
CERCOM	Centre de Recherche en Communication
CERPOD	Centre pour la Recherche de la Population et Développement
CESAG	Centre d'Enseignement Supérieure en Administration et Gestion
CHP	Care and Health Program
CIDA	Canadian International Development Agency
CILSS	Comité Inter-Etats de Lutte contre la Sécheresse au Sahel
COP	Chief of Party
CRS	Catholic Relief Service
CS	Child Survival
CSW	Commercial Sex Workers
DAA	Deputy Assistant Administrator
DELIVER	USAID project adiminstered by JSI to improve health logistics systems
DFID	Department for International Department
DHS	Demographic and Health Survey
E.U.	European Union
ECOWAS	Economic Community of West African States
ENSEA	Ecole Nationale Supérieure de Statistiques et d'Economie Appliquées
EPI	Expanded Program Organizations
ENDA	Environmental Development Action in the Third World (NGO)
FFP	Food for Peace
FHA	Family Health and AIDS

FHA-WCA	Family Health and AIDS for West and Central Africa
FP	Family Planning
FS	Field Support
GAIN	Global Allaiance to Improve Nutrition
GAVI	Global Alliance for Vaccines and Immunization
GDP	Gross Domestic Product
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GIPA	Greater involvement of people with AIDS
GTZ	Germane Technical Assistance
HIPC	Highly Indebted Poor Country
HIV	Human Immunodeficiency Virus
HR	Human Resource
HR/IS	Human Resource/Institutional Strengthening
IBRD	International Bank for Reconstruction and Development
ICPD	International Conference on Population and Development
ID	Infections diseases
IEC	Information, Education and Communication
IGO	Inter government Organizations
IMCI	Integrated Management of Child Illness
IPPF	International Planned Parenthood Federation
IPT	Intermittant Presumptive Treatment
IR	Intermediate Result
IRESCO	Institut de Recherche et des Etudes de Comportement
IRSP	Institut Régional de Santé Publique
ISED	Institut de Santé et Développement
ITN	Insecticide treated nets
JHU	Johns Hopkins University
KfW	German Development Bank
LTTA	Long Term Technical Assistance
LOP	Life of Program/Project
M&E	Monitoring and Evaluation
MAC	Malaria Action Coalition
MACRO	An Opinion Research Corporatjk (Demographic and Health Surveys)
MAP	Multi country AIDS Program
MH	Maternal Health
MOH	Ministry of Health
MTCT	Mother-to-Child Transmission
Mutuelle	Pre-payment scheme (Health Insurance)
NAP+	Network of African People with AIDS
NEPAD	New Partnership for African Development
NetMark	USAID project administered by AED to prevent malaria through ITNs
NGO	Non Governmental Organization
OCCGE	Organisation de Coordination et de Coopération pour la lutte contre les Grandes Endemies
OE	Operating Expense
OHADA	Organisation pour l'Harmonisation du Droit des Affaires en Afrique
OR	Operations Research
PHN	Population Health Nutrition
PLWA	People Leaving with AIDS
PMTCT	Prevention of MTCT
PNP	Policy Norms and Procedures
POPTECH	Population Technical Assistance project
PSAMAO	Prévention du SIDA sur les Axes Migratoires de l'Afrique de l'Ouest
PSC	Personal Service Contract

PSI	Population Services International
PVO	Private voluntary organization
RAPI	Regional African Partner Institutions
RBM	Roll Back Malaria
REDSO/WCA	Regional Development Support office for West and Central Africa
REDUCE	POLICY Project model demonstrates demographic impact
RFA	Request for Application
RH	Reproductive Health
SAGO	Society for African Gynecologist and Obstetricians
STTA	Short Term Technical Assistance
SO	Strategic Objective
SRP	Sahel Regional Program
STI	Sexually Transmitted Infections
SWAA	Society for Women and AIDS in Africa
SWAP	Sector-Wide Approach Program
TA	Technical Assistance
TAACS	Technical Advisors in AIDS and Child Survival
TB	Tuberculosis
UEMOA	Union Economique Monetaire Ouest Africaine
UNAIDS	The Joint United Nations Program on AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USDH	United States Direct Hire
VA	Vitamin A
VCT	Voluntary Counseling and Testing
WABNET	West African Women's Business Network
WACASO	West Africa Council of AIDS Service Organization
WACS	West African College of Surgeons
WAEN	West African Enterprise Network
WAHO	West Africa Health Organization
WARP	West Africa Regional Project
WB	World Bank
WHO	World Health Organization
WTO	World Trade Organization

I. Background

A. Summary of West Africa Region's Health Profile

Major health indicators for West Africa describe a region that is poor and only very slowly improving. With high fertility and mortality rates, and rapidly increasing HIV/AIDS prevalence rates, West Africa faces serious public health challenges. HIV/AIDS, while less severe than in other parts of Africa, is spreading at an alarming rate in several West African countries. In 1987, only two countries in the region had prevalence rates of more than 2% (UNAIDS, 1998). By 2002, the estimated HIV prevalence rates in Cote d'Ivoire, Cameroon and Burkina Faso were 9.7%, 11.8% and 6.5 % respectively (UNAIDS, 2002). HIV prevalence rates in several countries are currently low, but HIV/AIDS will inevitably continue to spread in West Africa if left unchecked.

Africa's 1999 population of 767 million people is expected to double by 2035 even despite population decline in the four countries in sub-Saharan countries that have been hardest hit by the HIV/AIDS epidemic. This continued rapid population growth not only contributes to poor reproductive health in the sub-region, but erodes development efforts across all sectors. Continued population growth, undermines the sub-region's efforts to meet the social needs of its citizens, ensure political stability and promote investment among ECOWAS states. While the impact of HIV/AIDS in sub-Saharan Africa (SSA) has received a great deal of media coverage and programs to mitigate the impact of that disease have increased, resources and political will for family planning programming appear to have stagnated.

Family planning program performance, especially in the West Africa sub region, is extremely weak. While modern contraceptive use is 40-50% around the world, only 13% of Africa women use modern family planning methods. For ECOWAS countries contraceptive use is less than 10% for all member states with the exception of Ghana. As a result, fertility in the region remains high between 5-7 children per women and maternal mortality ratios range from 500-1,800 deaths per 100,000 liver births—making West Africa the most dangerous place in the world to give birth. Continued high fertility and poor reproductive health in SSA has contributed to some of the world's highest infant and maternal mortality ratios, as well as a loss of human capital contributing to stagnant economic growth and increased poverty. Despite low use of modern contraceptives, there is a huge unmet demand for contraceptives among all women ranging between 25-50 % across the region and an even greater unmet need among unmarried sexually active women between 15-19 years of age. This unmet need places many sexually active women at risk for unwanted pregnancies and STIs including HIV/AIDS.

Child mortality rates in West Africa remain unacceptably high at around 110 deaths per 1,000 births. Whereas other regions of the developing world have achieved declines of at least 50 percent in child mortality over the last 30 years, rates in West Africa have only decreased by an average of 30 percent. Some countries, such as Mali and Niger, suffer from alarmingly high rates of under five mortality, at 210 and 260 deaths per 1,000 births respectively. Seven in 10 of these deaths are due to four preventable and treatable diseases: diarrhea, malaria, measles and pneumonia. Major outbreaks due to vaccine preventable diseases such as measles and yellow fever still plague the region. While immunization coverage is improving slightly, it is well below the global targets of 80% for each antigen. Malaria accounts for 20-30 percent of child mortality in West Africa. Yet, improved treatment with efficacious drugs close to the home, together with broad access to ITNs and the antenatal delivery of preventive therapy, can dramatically reduce this malaria burden.

Health Indicators and Population Growth in West Africa

Country	1. Prevalence of child Malnutrition Weight For age % of Children Under 5	2. Under-five Mortality Rate per 1,000		3. Adult HIV Prevalence % of population aged 15-49	4. CPR Modern Methods	5. TFR	6. MMR Maternal Deaths per 100,000 Live Births
	1992-97*	**1980**	**1997**	**2002**	**2002**	**2002**	**2002**
Benin	29	214	149	3.6	7.2	5.6	880
Burkina Faso	33	..	169	6.5	4.8	6.8	1400
Cameroon**	..	173	78	11.8	8.2	4.9	720
Cape Verde	N/A			..	46.0	4.0	190
Chad****	39	235	182	3.6	2.0	6.6	1500
Côte d'Ivoire	24	170	140	9.7	7.3	5.2	1200
Gambia, The	26	216	..	1.6	9.0	5.9	1100
Ghana	27	157	102	3.0	13.3	4.6	590
Guinea	24	299	182	2.8	4.2	5.5	1200
Guinea-Bissau	23	290	220	2.8	3.6	6.0	910
Liberia	N/A			..	NA	6.6	1000
Mali	40	..	235	1.7	5.7	6.8	630
Mauritania	23	175	149	..	5.1	4.7	870
Niger	43	320	..	..	4.3	8.0	920
Nigeria	39	196	122	5.8	8.6	5.9	1100
Senegal	22	190	110	.4	8.2	5.2	1200
Sierra Leone	..	336	286	7.0	3.9	6.5	2100
Togo	19	175	138	6.0	7.0	5.8	980
ECOWAS	27	196	143				
CILSS	31	178	133				

Sources:
1-2 World Development Indicators, WB, 1999
3 Report on the Global HIV/AIDS Epidemic, UNAIDS, 2002 (Exception: Guinea prevalence from their 2001 survey)
4-5 Family Planning Worldwide 2002 Data Sheet, PRB, 2002
6 2002 Women of the World Data Sheet, PRB, 2002

* Data are for the most recent year available. ** Cameroon is included because it is part of the FHA program and the headquarters of OHADA. *** Chad is a member of Club du Sahel, CILSS

UNICEF reports that one in four children is malnourished in the majority of West African countries. This is of particular importance because poor nutrition contributes to 54% of child deaths and is an underlying cause of high mortality for all communicable diseases, including HIV/AIDS. During the last 10 years, malnutrition has actually increased in the region in contrast to declines achieved in other regions of the world.

Governments in the region continue to respond to these problems primarily through their national health programs with varying levels of success. As they forge a political union among themselves through ECOWAS, regional experts argue the

need for coordinated regional health initiatives to complement national programs that will remain the major avenue for resolving most of the health problems. The new regional health program will help to create and strengthen a much needed regional consultative framework which will provide for the refining of policies, practices and the creation of capacities in regional institutions to complement national programs.

B. USAID's History and Comparative Advantage in West Africa

For over 25 years, USAID has implemented and maintained sub-regional development programs throughout West Africa. Up until the early 1990s, USAID had programs and/or missions in all of the sixteen countries along the Atlantic coast of sub-Saharan Africa. Most of these Missions – as well as the Regional Economic Development Support Office for West Africa (REDSO/WA) in Abidjan – were closed between 1993 and 1998. The exceptions were the five sustainable development Missions in Senegal, Ghana, Mali, Benin and Guinea, along with two transitional program Missions in Liberia and Nigeria. USAID also recognized the importance of maintaining two successful regional activities - the Sahel Regional Program (SRP) and the Family Health and AIDS (FHA) Project.

In 1995, USAID authorized a new regional project, Family Health and AIDS in West Africa and Central Africa Program (FHA-WCA), in order to continue providing limited support for key health and population activities. The project focused on four priority countries – Burkina Faso, Cameroon, Cote d'Ivoire and Togo, but also developed and utilized successful regional approaches to transnational health problems. USAID recognized that many of West Africa's problems were regional in scope, created by underlying factors that are not contained within national borders. Political strife and instability in one country affect its neighbors as displaced persons seek refuge in nearby countries. Infectious diseases do not respect borders, and are spread rapidly by a highly mobile population. Inadequate transportation and communication infrastructures impede economic integration, and constrain the growth of commerce in the individual countries, in the wider region, and in a competitive global marketplace. Importantly, USAID also concluded that many of these cross-border problems could be successfully addressed on a regional basis.

In light of these considerations, the USAID Africa Bureau (AFR) began work in early 1998 to design a coherent regional strategy whereby USAID would provide assistance in a number of key development sectors in West Africa. That design process was effectively completed in September 2000, when AFR and the West Africa Regional Program Governing Board (GB)[1] approved a WARP strategic plan designed to promote political and economic integration among the fifteen countries which comprise the Economic Community of West African States (ECOWAS), plus Chad, Cameroon and Mauritania. The new WARP strategy document (see Annex B) provides the framework for the new regional health program for the years 2003-2008. FHA-WCA incorporated a number of changes as detailed in the document "USAID/Family Health and AIDS Project Modification Activity" (May 9, 2001) in order to reflect the goals of the new WARP strategy. Importantly, these changes introduced into the project's final two years anticipated many of the fundamental characteristics that will define the new 2003-2008 program. These changes included:

- A shift from service delivery in four focus countries to an emphasis on "demonstration" approaches in the ECOWAS region
- Increased emphasis on cross-border activities to prevent transmission of HIV/AIDS
- A shift from "people-focused" interventions with direct people-level impact to institution-focused interventions with indirect people-level impact; and
- A shift from partnerships/capacity building with host government programs and selected regional institutions, and toward the development of partnerships with regional institutions having broader ECOWAS mandates.
    - A decision to develop, within the project, a mechanism that would enable the project to respond to relatively modest assistance requests from US ambassadors in "non-presence" countries.

[1] Composed of all West Africa Mission Directors along with appropriate officers from the Africa Bureau, and chaired by the senior Deputy Assistant Administrator (DAA) for AFR.

The new regional health project being planned through 2008 can draw upon the lessons and many significant achievements of the FHA project. The final evaluation of the FHA-WCA project (see Annex B) took place in April 2002 and the report details a number of important legacies from which the new regional health project can build. One of the most notable regional approaches is the cross border HIV/AIDS initiative, PSAMAO, which targets mobile vulnerable populations. PSAMAO conducts HIV/AIDS prevention activities using condom social marketing and promotes behavior change for truck drivers, migrant workers and their sexual partners along main regional transportation routes. In addition, one of the important achievements under the WCA/FHA project has been the introduction of the Gold Circle model for improving family planning service delivery. Region specific technical tools, norms and standards and training materials have been developed to focus on quality family planning service delivery, infection prevention techniques, updates provider skills and contraceptive technology, client interaction and monitoring and supervision techniques.

With strong bilateral and regional programs, USAID developed a wealth of African technical expertise, programmatic tools and results-producing strategies over the past 10 years. Training and technical support for service delivery with regional support products and regional African partners is a particular USAID strength. Training and institution building are generally recognized by other donors and host governments as areas of USAID comparative advantage in Africa. USAID is also recognized as a leader in the social marketing and provision of family planning and HIV/AIDS commodities, logistics management and behavioral surveillance for HIV/AIDS. USAID has also played a pivotal role in improving coordination and collaboration between donors in program design, implementation and leveraging of resources. The FHA program leveraged $13.5 million in additional funding as of FY2000 or 18% of obligated funds for the program (mostly regional training programs and KFW condoms). It is expected that this new regional program will exceed this level of support leveraged from other donors or USG sources.

II. Identification of Key Constraints and Gaps for the Regional Program

West African countries face a number of common development constraints such as the weak service delivery capacities of national governments; inadequate knowledge and poor health-seeking behaviors by beneficiary populations; poor planning by officials responsible for health care delivery and by health care providers; inadequate funding of health delivery systems by governments; variable and unpredictable levels of donor support; poverty that limits family expenditures on health; low literacy rates for women; and limited regional mechanisms to effectively address cross-border health problems, to name a few.

The region-level orientation of the new project presents a number of challenges. Different colonial histories have left distinct legacies and language divides. Most notably, the anglophone/francophone linguistic divide hampers communication and the transfer of methods, technologies and models. Another constraint presented by this assistance structure is the inability to enforce the adoption of new policies or demonstration activities developed under the regional project by host country governments or national institutions. Interventions at this level will achieve limited direct people-level impact. At the same time, this program is predicated on the assumption that strengthening regional institutional capacity in the public and private sectors will better enable regional institutions to have significant country-level and ultimately, people-level impact. The program also assumes that the dissemination of successful models and practices across the region will culminate in direct impact on individuals through increased access to better quality services.

ECOWAS member countries have limited effective fora and mechanisms to share successes, solve problems or share solutions collectively at the regional level. There are success stories within the region such as Senegal's achievement in containing its HIV epidemic. This experience has been shared internationally, but not regionally. In the area of FP/RH, Ghana is the leading performer in the region in terms of contraceptive prevalence rates, and offers service delivery strategies which could be replicated elsewhere in the Region.

Below is a summary of constraints and gaps in technical domains of interest to USAID.

A. HIV/AIDS

Political leaders in low-prevalence countries often lack the will to confront the culturally sensitive topic of HIV/AIDS. Even when political and public awareness is high, it does not necessarily translate into behavior change as people are reluctant to personalize the risk presented by HIV infection. Further, there is widespread discrimination for HIV-positive persons and their families in West Africa, and this mitigates efforts to provide care and support for those affected. Given these dynamics, national programs in the region focus largely on prevention while the issue of care and support for people living with HIV/AIDS receives less attention.

The capacity for collecting HIV/AIDS epidemiological and behavioral surveillance data varies across countries. Sero-surveillance and second generation surveillance has received little or no funding from donors. And yet STI and HIV/AIDS surveillance has been used effectively in low prevalence countries to monitor high risk populations and orient prevention strategies to contain the epidemic. These systems are also key to detecting subtle changes indicating an impending spread of the virus in the general population. Decision-makers lack the skills to interpret and analyze data.

While condom sales have increased, significant investment is still required to increase both consumer demand and provider supply of condoms and lubricant gels. Linkages with FP/RH programs have not been fully exploited to promote messages for both pregnancy and disease prevention. More efforts are needed to strategically target high-risk groups to avoid unwanted pregnancy and infection from STIs and HIV, and to address the impact of gender on women's ability to negotiate safe sex.

Another key development in the region is the recent increase in funding for HIV/AIDS (especially from World Bank MAP programs) and the ensuing need to build capacity at the country-level to effectively utilize the new resources.

B. Reproductive Health

West Africa has the highest fertility and lowest contraceptive prevalence rates in Africa. Contraceptive prevalence rates in 14 of 15 ECOWAS countries remain under 10%. Reproductive health and family planning policies are weak in comparison with other regions of Africa and in most cases were not instituted until the 1990s. Many West African countries still had the 1920 French law against contraception on their books until the 1990s. Access to modern contraception in hampered by national policies that restrict access to modern contraceptives (i.e. pills or injectables cannot be distributed through CBD). Policy makers and religious/traditional leaders lack the political will to move the family planning agenda forward.

Socio-cultural constraints include lack of education and low literacy rates, the low status of women, early marriage and traditional West African attitudes that value large families. Reproductive choice is a modern concept for the vast majority of African women. Even when women know of family planning and wish to space their births, they very often lack access to contraceptives. An increasingly sexually active youth lack access to information and services; this has resulted in large numbers of unwanted pregnancies and abortion.

Numerous constraints contribute to the poor access and quality of services in the region: poor service delivery performance, limited technical and management leadership in the health sector, lack of knowledge of best practices and state of the art technologies, fragmented use of public and private sector financial and human resources, and funding levels.

Funding for family planning in the sub region has not kept pace with other regions and many countries have seen the gains made by their national family planning programs erode. While USAID was a major donor in family planning in previous decades, the closure of bilateral programs in nine of the ECOWAS countries in the mid-1990s left a major void in population funding and technical leadership. Consequently, no single donor has been able to fill the gap for providing technical assistance, supporting policy and advocacy, training and most importantly, family planning commodities.

Finally, the impact of HIV/AIDS cannot be underestimated. Inadequate health systems are struggling with the increased burden of AIDS. The shift in resources away from family planning and reproductive health towards HIV/AIDS has diverted the attention of the Region's policy makers, and national commitments to improving reproductive health have been eclipsed by the epidemic.

C. Child Survival/Nutrition/Infectious Disease

Partially successful efforts during the 1980s and 1990s to reduce childhood morbidity and mortality have not been fully maintained and child mortality is exacerbated by malnutrition, low immunization rates, malaria, high parity and HIV/AIDS. Childbirth also threatens mothers and West Africa is the most dangerous place on earth to attempt to bear a child.

The level of funding for child survival activities is decreasing in spite of the availability of reliable indicators showing poor progress and unacceptably high case and death rates, and many proven cost-effective programs,. Monitoring and supervision have suffered from the chronic budgetary difficulties in many countries. Fragmented planning and programming of child survival resources on the part of governments and donors also hinder the potential for greater impact. Domestic distribution of vaccines, drugs and medical supplies are often slow, inefficient and sometimes unresponsive to local health needs. Most countries lack the systems and capacity to determine pharmaceutical needs, and to procure and inspect drugs. Although per-capita government financing of pharmaceutical and vaccine needs has increased in a few West African countries; peripheral communities continue to be under-supplied.

About 40% of childhood deaths occur without the child ever having contact with the health system. Most families who do seek care for their sick children prefer the private provider instead of government health facilities. Special efforts are needed to improve health seeking by families through a combination of approaches to mobilize communities, influence household behavior, improve service efficiency and quality of care and strengthen links between households and health care systems.

Malaria is highly endemic and spreading in West Africa due to emerging drug resistance. Epidemics of meningitis, yellow fever and cholera are occurring more frequently and case fatality rates are still too high. New strains are appearing, such as the recent W-135 meningitis outbreak in Burkina Faso. Conakry and Abidjan have seen laboratory confirmed outbreaks of yellow fever for the first time in over 10- 20 years. Vaccine management, surveillance, and training are all areas that need to be increasingly addressed.

D. Human Resource and Institutional Capacity

Weak managerial and limited technical expertise are often cited as a major constraint to the organization and provision of health services in Africa and West Africa is no exception to this problem. Although the problem is widely acknowledged and well documented, it receives little attention as most donors shy away from it because of political sensitivities associated with the problem. This is especially true of public sector civil service system which frequently represents the politically powerful middle class. When well prepared program plans exist, they are frequently under funded with resulting low morale which then re-enforces a tendency towards the preparation of poor plans since financing is predictably inadequate. Funding shortfalls for non personnel recurrent costs that can be counted on to bring about improvements in the quality of services persist in most country health budgets. In some cases, public sector employees go for months without wages, virtually guaranteeing a drop in quality of services.

While the project cannot resolve these major structural problems within the public health systems of the member countries, it will work through regional partners to improve the technical and management skills of both public and private sector health workers through the adopt of more efficient management systems and state-of-the-art technologies and methods for the technical areas covered by the project. The project will also work with groups like the WHO that have long advocated a system to rate the performance of health ministries to an efficient utilization of limited health resources.

The project will promote an internship program whose objective is to train a new and young cadre of technical staff with information technology and language skills that will better position them to take up the challenge of managing health problems and issues common to the ECOWAS community of nations.

The tasks of advocating for and developing good policies, disseminating best practices, ensuring essential commodities for key programs, implementing priority regional programs etc, are constrained as much by human resource weaknesses as by material and financial shortfalls or the absence of technical solutions.

III. PROGRAM STRATEGY AND OBJECTIVES

A. Summary of WARP Strategy

The West Africa Regional Program (WARP) strategy was designed between 1998-2000 with the clear intent of a) supporting growing trends towards regionalization within the ECOWAS countries, and b) maintaining the momentum for economic, social and political development within the region fostered previously through 15 years of USAID bilateral mission programs. USAID regional programs in West and Central Africa, however, are not new. USAID provided much of the donor leadership for establishing a regional response to combating drought and increasing food security after the devastating Sahelian drought in the early 1970s. USAID was a lead donor supporting the establishment of the Club du Sahel, the CILSS and its regional institutions such as CERPOD. USAID also has supported regional health activities since the 1960s with assistance to regional organizations such as the OCCGE (which has now evolved into the ECOWAS institution, the West African Health Organization (WAHO) and the West African College of Nurses. USAID was a major contributor to the regional Onchocerciasis (river blindness) Control and Oncho-Area Resettlement Programs in the 1980s.

Now, as in the past, USAID's regional program partially reflects the realities of a limited USAID presence in this large region. However, it also takes advantage of economies of scale and opportunities for efficient use of scarce resources in order to have impact across this large region. The regional health program also reflects the reality that infectious diseases and health behaviors know no borders and very often require coordinated or similar responses among West African countries.

The establishment of the present West African regional program recognizes several more recent key trends in the region:

- the growing regionalization of markets and the gradual dissolution of national economic barriers to trade and commerce;
- increased population mobility across borders;
- a growing sense of regional identity, for example, through the initial steps of establishing a regional authorities, networks and organizations such as a West African Monetary Authority, a West African Enterprise Network (WAEN) a West African Development Bank and a West African Health Organization (WAHO).
- an increasingly competent human resource/institutional base which can contribute significantly to building capacity in the region.

The WARP strategy initiated in 2000 is an eight-year strategy with a twenty year vision. The multi-sector strategy a) addresses key problems on a cross-border basis; b) involves regional institutions in the implementation of its interventions; and c) ensures that personnel employed in the WARP activities understand that they are operating regionally and applying a regional perspective in their work. In this context, the term "regional value added" refers to situations where action, interaction or change at the regional level strengthens or adds value to development efforts undertaken at national levels. The WARP regional strategy is meant to complement and work with USAID bilateral programs in the 7 countries where they exist (Senegal, Mali, Ghana, Nigeria, Benin, Liberia and Guinea).

The WARP strategy has an overall goal of " a politically stable and economically prosperous West Africa" and includes three strategic objectives and one special objective:

1. Regional economic integration strengthened in West Africa (SO4);

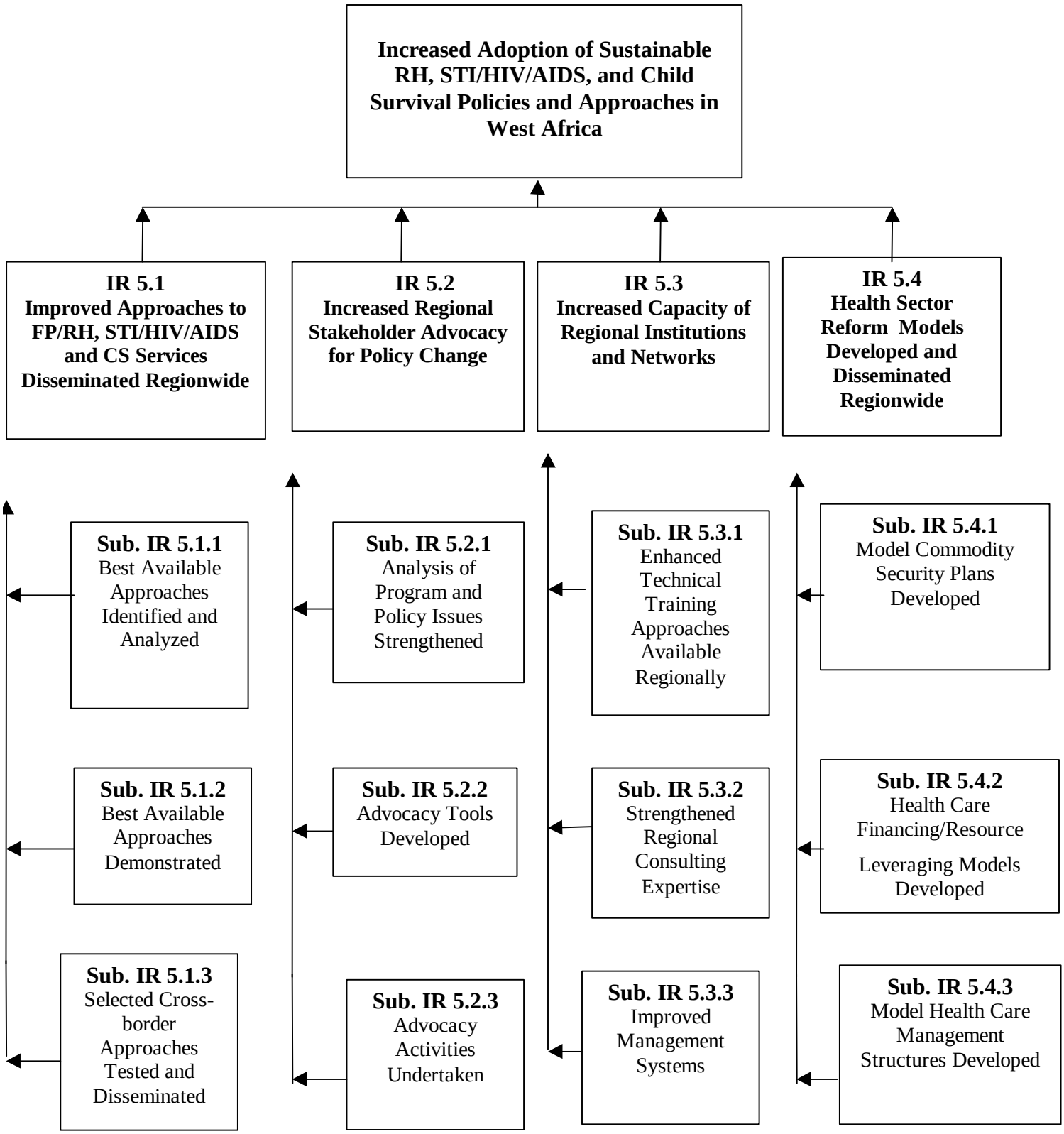
2. Increased adoption of sustainable RH, HIV/AIDS-STI and child survival policies and approaches in West Africa (SO5);
3. Food Security and natural resource policies and programs strengthened and implemented in West Africa (SO6);
4. Early detection and response mechanisms to prevent regional conflicts established and functioning (Special objective);

B. Description of the WARP SO5 Health Strategy

Health conditions in the ECOWAS countries are among the worst in the world, as described in the summary of the region's health profile (Section I). The WARP health strategy has modest resources but is structured to obtain the maximum possible impact with those resources by building on previous USAID health activities in the region, by utilizing USAID's institutional comparative advantage in the health sector, and by using USAID funds to leverage other resources from donors and the private sector.

USAID will support the achievement of four Intermediate Results (IRs) that contribute to achieving the broad program goal (SO5). The results summarized in this SO framework are expected to be accomplished through a five-year program implemented between 2003 and 2008. The approaches suggested for achieving these objectives are summarized below by intermediate result (IR).

C. SO5 Framework



D. WARP/SO5 AND IR INDICATORS

WARP/SO5 Framework: **Increased adoption of Sustainable FP/RH, STI/HIV/AIDS, and Child Survival Policies and Approaches in West Africa**

Indicators:

- Number of countries that have adopted health sector policies
- Number of countries that have adopted project-identified model approaches in FP/RH, CS and ID
- Number of countries that have adopted project-identified model approaches in HIV/AIDS
- Number of countries that have adopted cross-border integrated HIV/STI, FP/RH, CS interventions
- Number of regional institutions disseminating project-identified policies, tools, best practices and models
- Number of countries that have adopted the commodity security plans with assistance from WARP/S05

Intermediate Result IR 5.1: Improved approaches to RH, HIV/AIDS/STI, and CS Services Disseminated Regionwide.

Indicators:

- Number of cross-border service models replicated in West Africa
- Number of best practices disseminated and replicated
- Number of health quality of care models integrated into primary health care clinics

Intermediate Result IR 5.2: Increased Regional Stakeholder Advocacy for Policy Change

Indicators:

- Number of countries initiating implementation of international agreements
- Number of regional advocacy tools developed
- Number of model policies, norms and procedures disseminated

Intermediate Result IR 5.3: Increased Capacity of Regional Institutions and Networks

Indicators:

- Number of grant proposals written by regional institutions and networks
- Number of regional institutions managing grant awards
- Number of person weeks TA provided by regional partners and consultants
- Number of young professionals trained through bilingual (French and English) program internships
- Number of regional institutions taking leadership role in specific technical area

Intermediate Result IR 5.4: Health Sector Reform Models Developed and Disseminated Regionwide

Indicators:

- Number of community financing schemes (mutuelles) developed
- Number of health care management systems developed
- Number of regional commodity security plans developed
- Number of national health account surveys conducted

E. Partnerships with Regional Entities

This regional health strategy will be implemented in close collaboration and partnership with institutions, networks and organizations with regional mandates. The West African Health Organization is considered a key bilateral partner, the health ‘arm’ of the ECOWAS community with support and financing from ECOWAS member states. While it is a nascent organization, it is considered both a partner and beneficiary of this program.

Another natural partner in the region is CERPOD which represents the nine member countries of the CILSS and whose role is being reviewed by ECOWAS as it contemplates the restructuring and streamlining of sub-regional government entities for wider mandates. These natural partners will benefit from the program through separate, direct development grants from USAID tailored with benchmarks to ensure their progressive strengthening of these institutions during the life

of the program. They will be expected to inherit and manage the majority of regional interventions from their relatively more secure and budgetary base.

CERPOD is the older of the two organizations and has received substantial USAID assistance in the past. It will be expected to provide and receive assistance but it is being encourage to "sell" its services to CA grantees. WAHO on the other hand is the senior but weaker partner and will receive a direct USAID grant that may include long-term resident technical assistance. These organizations are not expected to be under the tutelage of any Recipent or any of the program technical areas. All Recipents may consult with them freely. WAHO and CERPOD represent the public sector in the planning of activities with public and private sector NGO partners.

Other possible regional partners include public and private training, research and communication institutions. Membership organizations such as professional organizations of doctors, midwives and other health professionals, as well as transportation unions will also be important partners. Other types of network that gather influential individuals from politicians to civil society or NGO networks that influence attitudes, behaviors and decisions of individuals, communities and nations will be considered essential to achieving results.

Intermediate Results 5.3 and 5.4 of the program, respectively Increased Capacity of Regional Institutions and Health Sector Reform Models developed, are critical to improving the performance of national and regional health planning institutions. The project will collaborate with other donors to improve the capacities of specific regional institutions by supporting technical as well as management training. The proposed internship program will develop a new cadre of young professionals emphasizing information technology, linguistic and professional skills in collaboration with other agencies such as CDC. The evolving regional ECOWAS framework is in much need of specialized skills beyond basic professional skills to enhance the performance of regional health organizations and national health programs. The West Africa region lags behind in the development of skills and models needed to reform health policies in a resource-scarce environment. West Africa needs bilingual health economists and IT-competent systems analysts who can utilize national health accounts information to develop alternative models for financing health services and conduct operational research to improve the performance of national and regional health programs.

Based on experience gained in East and Southern Africa, the project will work (under IR4 interventions) with donors and international organizations such as WHO, CIDA, World Bank, etc to develop a cadre of regional staff who will, inter alia, undertake studies in national health expenditures (National Health Accounts, household health expenditures etc) and alternative health financing schemes such as mutuelles and insurance plans. The project will also work with these partner donor institutions to strengthen regional training institutions for such capacity training such as CESAG and other eligible regional institutions.

F. Partnerships with USAID Bilateral Missions and Non-presence Countries

WARP programs are intended to complement and provide added value to bilateral mission programs. They also aim at furnishing a measure of assistance to non-presence countries, focusing on those sectors where WARP has strategic objectives. WARP's support comes in both indirect and direct forms. Indirect assistance comes to missions and non-presence countries primarily through joint programs with the regional intergovernmental organizations and NGO networks with which WARP works. Typically, these organizations assist national-level programs by formulating and implementing region-wide policies and programs (i.e., ECOWAS projects in energy and trade) by offering advanced technical training (i.e., CILSS in meteorology and disaster mitigation), and by undertaking advocacy on behalf of their members (i.e., WAEN and WABNET for regional entrepreneurs). WARP's direct assistance comes through specific projects that fund in-country activities as well as technical assistance and training (i.e., the HIV/AIDS cross-border project; training in WTO and AGOA requirements; cross-border multi-country projects in conflict-prevention in the Mano River and the Casamance).

Within the context of this new health project, bilateral missions and non-presence countries are expected to reap significant benefits.

Cross border activity- HIV/AIDS prevention on migratory routes: The expansion of HIV/AIDs and STI prevention activities on major migratory routes to cover additional routes will have positive implications for both presence and non-presence countries given these routes typically run through several territories. WARP is particularly interested in continuing jointly-funded programs with bilateral missions and with other donors in order to permit more comprehensive coverage of the region.

Cross border activity- HIV/AIDS prevention in immigrant communities: One interesting cross border activity that could be developed with bilateral missions and non-presence countries is HIV/AIDS programs and materials specially tailored to meet the needs of disadvantaged immigrant communities living in major urban areas. These groups, which are often overlooked by host country HIV/AIDS programs, are an important factor in spreading the disease to their country of origin. Targets could include Nigeriens living in Lagos or Mauritanians, Malians and Burkinabe living in Abidjan, which is an epicenter of the epidemic.

Models: The project will expose decision makers and program managers in both presence and non-presence countries to improved models of service delivery in HIV/FP/RH and CS and aims at the replication of these models in several countries. Note that this program will feature, but not be limited to, the dissemination of successful models developed in the West African region (i.e., Senegal's successful HIV/AIDS prevention strategy, CDC's Clinique de Confiance, and the HIV/AIDS hot lines, FP quality assurance models and community-based CS approaches, such as IMCI).

Policy reform, advocacy and networking: All countries in the greater ECOWAS region will benefit from the project's focus on health policy reform and improved advocacy which will be carried out in conjunction with key public and private sector institutions in the region and will have region-wide impact.

Training: A range of training is envisioned. Most of it will be done in conjunction with regional West African institutions, as well as with CDC's offices in Cote d'Ivoire and Mali. Workshops, short and medium-term courses and internships are but some of the planned programs. The internship program will target young professionals with skills in language, IT and professional skills to satisfy the growing manpower needs of the region. Both presence and non-presence countries are expected to provide qualified participants for these activities.

Commodity Security: WARP will undertake commodity security initiative in conjunction with regional intergovernmental organizations (e.g., WAHO/ECOWAS) focused on obtaining lower prices through bulk purchases for the benefit of member states. Commodities will include anti-retroviral drugs for HIV/AIDS, contraceptives, ITNs, etc. for various program interventions. Additionally, the project will work with regional intergovernmental organizations and health ministries to improve the management of procurement systems and avoid ruptures in the supply chain. Again, both presence and non-presence countries will use these sources to supplement their bilateral procurement efforts and thereby strengthen sustainability of supplies.

Small Grants Program/Ambassador's Fund: WARP will also continue the Ambassador's Fund which provides small grants to organizations working in HIV/AIDS in non-presence countries. These grants will focus on both capacity building and program implementation and will enhance overall regional capacity to address various facets of the pandemic. The grants will also complement and help to implement the project's model dissemination objective. These grants will be funded outside these awards, via FS mechanisms.

G. Consideration for Gender Issues

In the West African context, gender norms and expectations adversely affect the health status of men, women and children. Gender influences leadership, national and local policies and impacts decisions about healthcare investments. Gender also shapes reproductive health broadly, by determining who has access to information, who holds power to negotiate contraception or STI/HIV prevention or to withhold sex, who decides on family size, and who controls economic resources to obtain health services. Women as the caregivers of children, the elderly and the sick, are particularly vulnerable and impacted by the burden of disease. Consider the following:

- While women are the target of family planning programs, men often make decisions about family size and fertility but are not directly involved in health education or provision of services;

- Women are more biologically prone to STI/HIV infection than men. Research indicates the women are two to four times more vulnerable to HIV infection during unprotected intercourse. In sub-Saharan Africa overall, 55 percent of those living with HIV/AIDS are women. Women under age 25 represent that fastest growing-group with AIDS in Africa, accounting for nearly 30 percent of all AIDS cases;

- Poverty and limited employment opportunities are reasons women engage in commercial sex work. Because of stigma, women migrate and seek employment in neighboring countries, where they are disenfranchised and less likely to access needed health services;

- The same socio-cultural factors that adversely impact RH, are a threat to maternal and child health. Women of reproductive age are less likely than men to control financial resources, to speak up about their or their children's health problems or to have the power to make decisions about childbirth or childcare;

- Men are less likely to interact with healthcare providers, to be given information about the risks and complications of pregnancy, or to believe that the family's financial resources should be allocated to health. These dynamics can have serious implications for the health of pregnant women and newborns;

- Adolescents are a target group that provides an opportunity to promote behavior change to improve gender equity through responsible sexuality and mutual respect between the sexes.

Consideration should be given to activities that promote the participation of women and youth beneficiaries and promote constructive male participation in a way that respects and supports women's ability to make healthy choices. Consideration should also be given to the selection of partner organizations and NGOs that include women and youth, as well as the selection of women participants for capacity-building and advocacy activities. Finally, successful applicants will demonstrate institutional commitment to gender equity and select personnel with gender expertise.

IV. Guidance to bidders

A. Types of Resources Available for this Program

USAID anticipates that a variety of "inputs" will be needed to achieve the results of this program, some very traditional and others more innovative. Funds for the following inputs will be provided under this program.

Technical Assistance: Modest levels of expatriate LTTA and STTA are anticipated under this program. USAID has supported programs in this region for decades and most LTTA and STTA should be available from West African personnel who have already been trained through USAID programs and personnel who have worked previously with USAID-funded CAs or with other donor programs. To the maximum degree possible, bidders are encouraged to work through West African regional institutions, organizations and networks to provide the technical assistance needed for program implementation

Training: Training is an input that should normally contribute to a larger goal – e.g. the improved performance of an institution or a program. A variety of formal and nonformal training approaches are anticipated, primarily of a short- to

medium-term nature. WARP's preference is that wherever possible, training should be conducted in the program region, rather than abroad.

Commodities: It is anticipated that commodities will be provided to meet carefully designated program objectives. In the initial years of the program, as the commodity security plan is being developed and support sought, the CAs will be expected to procure all commodities except contraceptives and condoms. These commodities include, but are not limited to: STI kits, ITNs, HIV test kits, ORT, safe-birthing kits, pre-packaged malaria treatment, etc. Contraceptive commodities, including condoms will be obtained through a centrally funded procurement and will be accompanied by technical assistance. Examples of commodities and programs under the responsibility of awards in this contract may include, but are not limited to: a) socially marketed commodities to support continuing cross-border HIV/AIDS programs; b) "Seed" commodities to help initiate new cross-border activities or to encourage replication of best practice models (through the grants mentioned below); c) commodities to help leverage other donor supplies for a regional commodity security mechanism.

Sub-grant mechanisms: Three types of sub-grant mechanisms should be considered for this program:

Matching grants - These grants would normally match funds from other donors or the recipient institution to support small pilot programs or operations research related to the expansion of best practices. Grants might range from $50,000 to $100,000 over a 2-3 year period. Approximately 15 grants are estimated over the LOP.

NGO institutional strengthening grants- The second category of institutional strengthening will be linked to the implementation of specific project activities and will consist of a mix of technical assistance, commodities and support of limited operational costs as appropriate. Such grants may be used by CA Grantees to provide support to NGOs and the many service networks envisaged in program implementation. The range of grant funding would be from $50,000-$150,000 normally over a two-year period. Approximately 10 grants are anticipated over the LOP. Notwithstanding the type of grant an institution may receive, regional government entities, NGOs and CA grantees are encouraged to collaborate, as appropriate, on specific project interventions of mutual interest.

Competitive Grants - This grant mechanism will encourage innovative advocacy programs and activities within the region. Small grants of between $15,000-$50,000 will be provided after a competitive call for proposals. Management of this grant fund will rest initially with USAID/WAHO in consultation with CA grantees. WAHO may then organize the award of such grants subsequently while USAID assures the financing. Approximately 20 grants are anticipated over the LOP.

NOTE: A fourth category of development grant will be issued directly from USAID rather than the Recipients:

Development grants to regional governmental partners (funded outside this RFA) - Institutional strengthening grants would be provided to specific, key West African regional institutions to enable them to increase their medium-term and long term managerial and technical capacity. These grants are modeled on MacArthur Foundation institutional support grants. They have the express objective of increasing medium and long term institutional sustainability. The grant will finance staff development through short-term training, equipment, and invest in solutions that reduce some recurrent costs. They may also include long-term resident technical assistance in early years. The development grants will include specific benchmarks that ensure capacity development by the end of the program.

USAID/WARP will award a few such direct grants primarily to its key regional or sub-regional partners such as WAHO and CERPOD and such grants will **not** be part (financed) from award made under this RFA. The development grants with specific institutional development targets established by USAID do not preclude these institutional partners from collaborating (as a subgrantee or subcontractor) with CA grantees in specific technical interventions in meeting project objectives. This category of grantees will be encouraged to buy and sell its services where appropriate to ensure their sustainability by the end of the project.

B. Anticipated USAID Funding Parameters for this Program

Approximately $14.1 million in annually, or $70 million for LOP will be available for these awards.
Funding will be available for the program from four program accounts in approximately the following magnitudes:

Pop	$6,113,000
CS/MH	$450,000
HIV	$7,380,000
ID	$200,000
Total	**$14,143,000**

This total does not include additional funds for program administration and field support for Ambassador's Fund, DHS, contraceptive commodities, including condoms, contraceptive logistic TA and direct grants to governmental organizations, etc.

The following provides a guideline of program priorities and relative emphasis by IR, to be considered in the development of proposals (see SO5 Framework on p24):

5.1 Improved approaches disseminated regionwide in all technical domains (34%)
5.2 Increased advocacy for policy change in all domains (16%)
5.3 Capacity building of regional networks and institutions (32%)
5.4 Health Sector Reform models developed and disseminated (18%)

N.B. Institutional strengthening and capacity building interventions will be funded from all the accounts on a proportionate basis.

C. Award Guidance

Two Awards Anticipated: As stated in page 2 of the cover letter USAID anticipates making two awards for this program. One award will focus primarily on meeting the rapidly growing needs of the HIV/AIDS epidemic in West Africa. The second award will have two major components: providing the leadership for meeting IR 5.3 objectives (Increasing Capacity of Regional Institutions) and supporting the family planning/reproductive health, child survival/infectious diseases and micronutrient activities described below. The second awardee is expected to have qualifications and competence in both the technical areas of FP/RH/CS/ID, as well as in institutional capacity building.

Close collaboration and coordination between the two CAs is anticipated with a high degree of program-wide coordination and information sharing. The key stakeholder implementors in this project, USAID, CA grantees, CDC, WAHO etc will organize several joint and standing, planning committees to coordinate their activities to ensure that planned results are achieved. Consolidated annual work plans will be expected as well as coordinated reporting on impact measures and evaluation of program performance. The annual work planning exercise will be re-enforced with periodic joint meetings on themes such as evaluation and monitoring, training, the internship program, institutional strengthening, etc. Although the human resource and institutional strengthening competence is within a component of the two grant awards, this is a cross-cutting issue for all the technical domains. Therefore, suitable planning mechanisms will be set up to ensure that the views and needs of all technical domain specialists are appropriately included in training and all other institutional strengthening initiatives. Shared office space should be considered by the awardees where practicable and multally beneficial, and in the interest of the U.S. Government.

Use of West African resources preferred: Bidders are strongly encouraged to partner with key African organizations in West and Central Africa for program implementation and to develop their proposal collaboratively with such organizations.

Benefits for bilateral missions included: As described, this regional program is designed to benefit both the USAID "non-presence" countries and also provide significant "value added" to the 7 countries in the region where USAID missions or offices presently exist.

D. Complementary USAID-funded Activities

In addition to the funding for this program, bidders should be aware that USAID also supports Food for Peace and some USAID/Washington funded activities in West Africa. Bidders are encouraged to suggest innovative ways to utilize these resources to help meet joint program objectives. Ongoing and anticipated USAID/Washington funded activities in West Africa include:

Food for Peace resources: Over $40 million in Food for Peace Title II resources was programmed for 13 countries in West Africa during FY2002. These program support emergency needs in a few countries, but are primarily available for "development" activities programmed by U.S. based PVOs such as Africare, CRS, ADRA and World Vision. Food may be provided "in kind" or, with special approval, it may be sold or "monetized" to generate local currency resources managed by the PVOs. Eligible development activities under the FFP Title II program focus primarily on increasing food security but they also include a) Maternal Child Health and Nutrition activities and b) HIV/AIDS activities especially targeting children affected by HIV/AIDS.

USAID/W Commodities Promotion Fund: The Bureau for Global Health Emergency Commodities Fund has recently been transformed into a "Commodities Promotion Fund". WARP was able to access additional commodities from this fund in FY02 (for $1,282,587 of commodities). At this point, this fund is understood to be limited to contraception, including condoms, although in the future could include other commodities such as: ITNs, VCT kits, HIV test kits etc.

Other USG Agencies:

Centers for Disease Control (CDC)
The West Africa Regional Program has been collaborating with CDC within the context of Global AIDS Program and this collaboration is expected to continue and expand within this new project. Up to $2.5million was received from CDC's Global AIDS Program to implement activities under the FHA project. CDC is also supporting bilateral missions in West Africa such as Senegal, Mali, Nigeria and Cote d'Ivoire where CDC's regional base is located with over 180 staff involved in various epidemiological and laboratory activities. WARP/CDC collaboration is envisaged along the following areas, which reflect CDC's much sought expertise in the fight against the HIV/AIDS epidemic.

Epidemiologic Training: With over 20 physician epidemiologists, CDC can design and conduct research, and undertake training in field epidemiology particularly in HIV, STI's and Malaria, which are all focal areas of the WARP regional program. Many WARP partner countries, especially the non-presence countries, have expressed the need for CDC's expertise to strengthen their national HIV/AIDS surveillance systems. This training could also include biostatistics and the management of data. CDC could also assist in organizing field epidemiology training for the health intern program in collaboration with the appropriate grant awardee on the USAID/WARP program.

Laboratory Training: With expanding HIV/AIDS national programs in the region, more countries in the region are in need of expertise to implement onsite HIV rapid testing and improve the quality assurance of their program. WARP and CDC could collaborate in this area to provide assistance in selected countries in the region.

Program Management: CDC possesses a wealth of experience in the region in the management programs as well as in procurement of specialized commodities including rapid diagnostics test kits. Such expertise will soon include knowledge and skills in management of mother to child transmissions programs in the fight against HIV/AIDS.

Initial discussions with CDC officials have identified the current ceiling on their technical personnel as a major constraint to collaboration with WARP. WARP has proposed to fund a long-term technical position to be located with CDC's RETRO-CI project in Abidjan for the purposes of collaborating with the WARP Regional Health Project. WARP and CDC will jointly develop the position description. CDC would hire and supervise the person but it is understood that such a person would spend no less than 90% of their time in support of the WARP and in extension of CDC's own regional mandate.

Peace Corps

Peace Corps is present in six of the non-presence countries covered by the West Africa Regional Project and brings special skills in the promotion of the health agenda of the project albeit rarely at the regional level. Based on experience to date with the Ambassadors Fund, WARP will continue to seek opportunities to support Peace Corps' work at the community level to strengthen IEC interventions in all technical domains of this project. Some of these activities could also include collaboration with FFP initiatives with American NGO's implementing nutritional programs in support of people living with HIV/AIDS.

Department of Defense/Department of Labor

Both the Department of Labor and Defense have discreet initiatives in the region in support of HIV/AIDS/STI programs, respectively in the armed/uniformed forces and the workplace. Where appropriate, the WARP will collaborate with these initiatives to strengthen the overall impact of USG assistance.

Other Donor Programs

Donor assistance accounts for approximately nine percent of the aggregate GDP of the West African countries. Of this amount, approximately half derives from multinational sources and half from bilateral sources. The U.S. ranks fourth among bilateral donors after France, Germany and Japan. Although a smaller donor, CIDA has been addressing STI treatment and HIV/AIDS prevention in the region for years.

The European Development Fund supports regional goals, as do the French with support to the regional monetary union and six bilateral donors support CILSS. Several UN agencies – UNAIDS, UNICEF, UNFPA, WHO-maintain regional offices (mostly in Abidjan) and carry out modest regional programs.

In 2002, USAID and UNAIDS conducted a donor mapping exercise in 12 countries that provides information on the sources and content of donor health funding throughout the region. These reports will be available on the WARP website.

The following information regarding donor funding draws from that information.

World Bank health sector funding in the region is now shifting towards an overwhelming focus on HIV/AIDS. However, there are serious gaps in funding for other health activities. Discussions are underway to revisit the Bank’s portfolio and initiate discussions with ECOWAS governments to resuscitate funding and sector reform to address major illnesses facing the sub-region’s mothers and children. The World Bank welcomes utilizing USAID technical leadership and comparative advantage in leveraging funds and shaping programs and policies that address a broader spectrum of pressing health issues.

The Bank’s design calendar is mostly directed towards new MAP programs for most countries in Africa affected by HIV/AIDS ($1 billion is available Africa-wide for these programs). The MAPs will reportedly include broad support for multi-sectoral HIV/AIDS-related activities, as well as a component of small-grant funds for NGOS and CBOs. The Bank estimates a funding gap of $1.5 billion to meet African HIV/AIDS needs. Bank technical personnel indicate that USAID might play a complementary role by supporting or helping to design activities in capacity building and training, IEC/BCC strategies as part of National Action Plans, and social marketing, logistics management and the supply of commodities. Meanwhile IBRD funds to address other health problems (e.g. reproductive health) and health system reform are diminishing.

Declining levels of donor funding for family planning and child survival commodities is a particular concern. Only the German bilateral program (GTZ and KFW) along with UNFPA has funded significant levels of contraceptive supplies,

however the long term contraceptive security remains a serious challenge to the region. Future UNICEF funding for child survival and malaria commodities is also reportedly problematic.

New sources of health funding: The good news is that new international and foundation-based sources of health funding such as GAVI, and the Global Fund for HIV, TB and malaria, should be available in the future, given the region's very precarious health indicators for those diseases and for reproductive health. Also careful planning and advocacy might ensure that HIPC and SWAP programs set aside greater amounts of host government resources for priority health needs.

USAID also supports a significant variety of PHN activities in West Africa through its centrally-funded and regionally-funded programs. A list of ongoing regionally-funded activities carried out by approximately 15 organizations is included in Section V (AFR Bureau PHN Activities-Family Planning and Reproductive Health).

E. Program Description

The following section summarizes illustrative activities by I.R. It is followed by a more detailed description and discussion across the technical sectors of: 1) HIV/AIDS; 2) FP/RH; 3) CS/ID; and 4) Human Resource and Institutional Development. For each technical area, there is a summary outcome tables that details specific activities, partners and outcomes.

Illustrative Summary by I.R.

Intermediate Result IR 5.1: Improved approaches to RH, HIV/AIDS/STI, and CS services disseminated.

a) Expansion of two existing cross-border service models and support for new cross-border models with technical assistance. Cross-border programs are particularly appropriate to encourage HIV prevention among transient populations along West African transport and migratory routes. These activities will build on the initial experience of the cross-border model developed as part of the FHA project.
b) Identification, analysis, testing and dissemination of best practices in HIV/AIDS, FP/RH, CS/ID. The Gold Circle clinic-based FP service model provides one example of quality of care elements that can be replicated.
c) Support for demonstration projects to expand the range of services of existing family planning or HIV/AIDS service models to primary health care clinics. A modest number of demonstration projects or operations research activities appear to be needed to show the wider applicability of quality assurance models for FP services within multi-purpose clinics and to encourage broader adoption of integrated health quality of care models.
d) Encourage replication of best practice models through the judicious use of TA and matching grants.

Intermediate Result IR 5.2: Increased Advocacy for Policy Change

a) Support WAHO and other regional capacity to monitor implementation of key international agreements and treaties and conduct annual reviews of funding provided by ECOWAS countries and donors.
b) Support development of regional advocacy plans for HIV/AIDS, FP/RH and CS. and strengthen the advocacy and communication skills of select regional organizations and key stakeholders such as networks and professional organizations.
c) Support essential data collection via cost-sharing and leveraging other donor support for national DHS studies, including HIV and Malaria modules. Modest USAID cost-sharing with new donor programs, such as World Bank MAPs, the Global Fund, etc, will be used to ensure the continued collection of essential reproductive health, HIV/AIDS and malaria data.
d) Develop and encourage adoption of model policies, norms and procedures for care and support, VCT, breastfeeding, MTCT to guide national interventions in HIV/AIDS.

Intermediate Result IR 5.3: Increased Capacity of Regional Institutions

a) Improve WAHO capacity to effectively manage select program activities:
b) Support the long-term sustainability of CERPOD
c) Foster the further development and use of regional technical resource centers:
The program will strengthen core technical skills and managerial capacity of select regional institutions via inputs such as TA, training and institutional support grants. Regional institutions to be considered include RAPIs who participated in FHA institution building programs, regional networks, and regional training centers. A core number of institutions might be supported with a significant level of effort while a second category of institutions might receive more limited support.
d) Support the marketing and promotion of services of regional capacity building and regional organizations with valuable technical skills. The program should directly utilize and also actively market and promote its West African regional partner institutions and skilled individuals trained under previous USAID regional and bilateral HIV and FP projects.
e) Build capacity for HIV/AIDS surveillance, data collection and analysis. The program would work in tandem with the CDC regional program in a gradually increasing number of West African countries.
f) Support the development of new curriculum for special training needs and using new technologies.
g) Assist in developing young health professionals with multi-lingual and information technology skills via program internships

Intermediate Result IR 5.4: Health Sector Reform Models Developed

a) Develop regional Commodity Security Plan(s) and mobilize funds for procurement of essential commodities (condoms, FP methods, STI treatment kits, oral rehydration salts). New regional procurement and commodity security mechanisms must be explored, and sources of funds leveraged from donors and governments to ensure that key commodities will be increasingly available at reasonable prices. The program can provide TA and commodity "seed" support to encourage adoption of new mechanisms.
b) Provide planning support to increase access to and better use of new donor resources (MAP, Global Fund, GAVI, HIPC, SWAP). Careful use of TA to assist in proposal preparation, especially for highly technical components such as logistics management or social marketing, can unlock much needed donor resources. TA might also be used to unclog lengthy donor pipelines.
c) Assess experience in region with workplace-based services and support pilot initiatives of regional companies and institutions.
d) Explore role of community financing schemes (mutuelles) in expanding access to FP/RH services.

V. Detailed Technical Requirements

A. Desciption and discussion by Technical Areas

1. HIV/AIDS

Program Approach

The USAID West Africa response to AIDS is guided by three key principles which will orient project interventions over the next five years:

Maximize Financial investments made in HIV/AIDS: encouraging programs to build off one another through the sharing of models, tools and materials will result in economies of scale and increased impact. Donor coordination and local ownership of donor funding need to guide programs. Particular emphasis will be placed on project inputs from existing USAID bilateral HIV/AIDS programs in six West African countries (Benin, Ghana, Guinea, Mali, Nigeria and Senegal) in the form of effective models and approaches.

Broadening and strengthening effective leadership to reduce stigma, denial and foster coordination. Political leadership in the West Africa region will be important in managing how lower prevalence countries address the epidemic. Further,

lower prevalence countries are often in denial to the epidemic within their borders. And widespread discrimination exists for HIV-positive persons and their families in countries with generalized epidemics (UNAIDS, 2002). The program will foster leadership to address prevention, treatment and care, since these are indivisible elements of an effective response. For example, the program will need to support international efforts, as articulated by WAHO in its action plan to increase initial access to treatment for 30% of PLWHA within ECOWAS.

Targeting STI/HIV prevention interventions where they will yield the most benefit: There is a strong link between high mobility of populations and STI and HIV transmission, particularly across West Africa's porous borders. Designing and co-ordinating targeted cross-border interventions, for these vulnerable populations is crucial.

Specific outcomes have been identified under each IR to guide and support the regional strategic approach to HIV/AIDS. From a regional, long-term perspective, HIV/AIDS interventions should be designed and implemented in order to achieve the following impacts:

- Reduction of STI and HIV infection rates, and
- Improvement of the health of those already infected and affected by HIV and AIDS.

These outcomes are to be realized by the following range of strategic interventions:

1. Strengthen and expand cross-border programs targeting mobile vulnerable populations.
2. Identify, disseminate, and promote adoption of best practices
3. Use the regional platform to strengthen advocacy for policy change to mobilize leadership around HIV/AIDS
4. Build technical and management capacity of regional institutions to support key focal areas for HIV/AIDS
5. Expand the role of the private sector in service delivery
6. Leverage donor resources for STI/HIV prevention and care/support.

A new regional HIV/AIDS strategy that complies with Agency policy is under development and will be made available as soon as possible. It is anticipated that the content for that strategy will closely resemble the elements outlined in this document.

Illustrative Activities by I.R.

IR 5.1 Improved approaches to HIV/AIDS prevention as well as treatment and care services disseminated.

Expand Existing Cross-Border HIV/AIDS initiatives targeting mobile vulnerable populations. The Regional Program will expand the range of services in the two regional cross-border corridors – one targeting these populations along routes connecting Cote d'Ivoire through Burkina Faso to Niger and Mali and the other targeting populations along a route connecting Lagos, Nigeria with Douala and Yaounde in Cameroon *and to Djamena, Chad*. Cost-sharing and other leveraging mechanisms should be explored to increase sustainability of the intervention. Where applicable, co-financing of activities with other USAID Missions will be explored. The project will build on the successes of the existing cross-border models to:

Expand Target Population beyond truckers and migrant workers. Commercial sex work in the region is a migratory profession. The project should target sex workers along the identified routes and promote behavior change and condom use based on expertise garnered from CSW interventions in the Region. Communities surrounding the trucker rest stops are also vulnerable to STI and HIV infection, and project interventions should be extended to these groups.

Add STI treatment and VCT Services. Continued interventions in peer education, mass media communication, and condom social marketing along the identified routes will be strengthened with the addition of STI treatment and VCT services. Where appropriate, pregnancy prevention messages and referrals for contraceptive methods will be added to the strengthened STI and VCT sites to ensure 'no missed opportunities' for reaching vulnerable groups, especially young sexually active women. The project should identify three key centers along the routes in each corridor where such services are to be provided and promoted to the target populations. The project will provide technical assistance and support

provision of services. This intervention should draw on the CDC Retro-CI's considerable experience in providing STI and VCT services for sex workers.

Increase participation of private sector. Creative leveraging partnerships will be developed with relevant private sector institutions such as transport unions, petrol companies, and companies trading products regionally.

Expand Douala-Yaounde corridor to Lagos, Nigeria and to Djamena, Chad. Coordinate with USAID Mission in Nigeria to leverage resources.

Illustrative Outcomes:

- Private sector entities participating in cross-border interventions
- VCT and STI facilities linked to cross-border interventions
- Men reporting decrease in number of sexual partners
- Women reporting decrease in number of sexual partners
- Men/women using condoms during last risky sexual encounter
- Men/women seeking STI treatment

Provide technical assistance to help with the design of additional cross border initiatives to promote adoption of model. The success of cross-border interventions at reaching vulnerable populations has attracted the attention of donors such as the World Bank. The Regional Project can share its expertise in the form of technical assistance to assist other donors interested in implementing these models in the West Africa region.

Illustrative Outcomes:

- Behavior change and service approach targeting high-risk groups adopted and replicated

Identify best practice approaches and support replication. Beyond the cross-border model, USAID has supported a broad range of prevention and care and support activities which merit attention and replication. These include, but are not limited to, HIV hotlines, STI service strengthening, and behavior change campaigns targeting youth. To launch the replication of the models, the Regional Program will devote technical expertise and seed funding to replicate two key HIV/AIDS models in each year of the project. Recognising that prevention, tretamen and care are

Illustrative Outcomes:

- Project models identified, refined, and replicated by end of project

Expand access to services for marginalized immigrant groups. Many countries in the sub-region have pockets of immigrant populations who are not reached by HIV/AIDS behavior change interventions or services. This is due in part to their marginalization as a foreign community, but also to language, religious and cultural barriers. The Regional Program has a role to play in improving access to services by importing IEC materials and approaches from their home countries. The Program will draw on bilateral FP programs supported by USAID missions and other donors to develop activities which are appropriate to the special needs of these groups.

Illustrative Outcomes:

- Country programs include services for immigrant groups

IR 5.2 Increased Stakeholder Advocacy for Policy Change.

Support the development of a regional advocacy plan. A major component of the interventions under this IR will be the development of an advocacy plan. WAHO, UNAIDS and PLWHA networks will be key collaborators in this activity. The plan should incorporate the use of models or advocacy tools that use surveillance and other data to raise awareness of the importance of prevention strategies in low prevalence countries and the importance of care and support activities in countries with generalized epidemics. The plan will support the coordination and strengthening of stakeholder advocacy

in West Africa; the development of multi-country advocacy guide and materials; and the development of advocacy activities to promote the dissemination and adoption of best practices described under IR 5.1.

The advocacy plan will support key advocacy partnerships with the following stakeholders:

- *Regional community networks* give civil society a voice in the policy debate in the region and serve as instruments to share experiences across borders. This project can help enhance networking communications (support for internet communications, participation in regional forums, and capacity building in strategic planning). Networks such as the West Africa Council of AIDS Service Organizations (WACASO), the Society for Women and AIDS in Africa (SWAA), and the Network of African People with AIDS (NAP+) have memberships in most of the countries of West Africa. Building on their past experiences and strengths, the project can promote greater advocacy for policy change.

- *Professional Associations*, both professional medical and private sector trade associations can be supported in their ability to influence leaders in the region. One contributing factor to the health professional "brain drain" in the region is the lack of a professional platform from which associations can have their contributions appreciated and heard within West Africa. Current associations are ill equipped and/or funded to produce and disseminate professional journals or to hold regional meetings to exchange ideas. The project will work with a select number of key health/medical professional associations through capacity building in membership development, communications and advocacy. The project will also work with a number of professional associations outside the health sector such as trade associations to develop capacity in HIV/AIDS advocacy.

- *Media networks* in the region have proven to be strong advocates in West Africa. The example of the USAID-supported network Journalists Against AIDS in Nigeria is a key model to be replicated particularly in francophone African countries. Support from the project will strengthen regional media networking and provide added value to national programs where they exist.

- *The West Africa Health Organization* (WAHO) is the leading regional government body on health in West Africa. The project will work closely with WAHO in a number of areas, most significant of which is in the development of an advocacy plan for the region. WAHO can develop its watchdog capability and reporting role on the evolution of HIV/AIDS policies in the Region.

  Illustrative Outcomes:
  - Advocacy partners conducting HIV/AIDS advocacy and communications activities at the country level.
  - active members in each network increased
  - participation in key regional meetings increased
  - Multi-country advocacy materials developed and distributed

Develop technical model policies, norms and procedures on care and support for the West Africa region with a focus on linkages between prevention, care and stigma reduction. There are pressing gaps in national policies across the region, i.e., policies on VCT, ARVs, treatment protocols on PLWHA, breastfeeding, palliative care, and MTCT, among others. The Regional Project will support the development of operational policies appropriate to resource poor settings. Gaps will be identified through an assessment of current policies in the ECOWAS member countries, and workshops will be held to bring together stakeholders and technical experts to develop policies, norms and procedures. A Policy, Norms and Procedures Committee composed of technical/medical experts from the region, WHO, and UNAIDS will be tasked with developing generic model policies, norms and procedures. These will in turn be disseminated through the advocacy partners identified above for adaptation and adoption at the country level. This process is expected to stimulate national priority setting for increasing drug availability for the treatment of opportunistic infections, increased collaboration with national TB programs, and national commitment to reducing stigma towards PLWHA.

Illustrative Outcomes:
- PNP technical committee put in place

- Policies, norms, and procedures adopted at the national level
- Messages developed advocating increased availability of drugs for treatment of opportunistic infections
- Collaboration between HIVand national TB programs increased

IR 5.3 Increased Capacity of Regional Institutions

Foster the further development and use of regional technical resource centers. African experts need to take the lead role in formulating, implementing and evaluating HIV strategies. In order to enhance regional capacity, the project will build on previous capacity building activities and investments by USAID and other donors in the region. The focus will be on establishing technically and managerially sound institutions which can service the needs of the Region through technical assistance and leadership. Support will be provided multi-year to selected promising institutions based on an assessment and previous track record. These might include CHP, NAP+, SWAA, IRESCO, ENDA, GIPA, among others. Strong regional partners working in FP/RH will also be considered to maximize previous USAID investments and increase their ability to market their services.

Regional partners will be identified who can take on key technical capacity building roles in the following areas:

- Advocacy
- Care & Support
- Monitoring and evaluation, Operations research
- BCC
- Vulnerable populations, such as women and youth

The Regional Program will award multi-year institutional grants to the selected institutions. A complement of technical assistance might be included to strengthen management and financial systems, develop strategic plans, and competitive costing for services. Where appropriate, technical capacity will also be strengthened to ensure integration of state-of-the-art approaches in key areas such as VCT, surveillance, BCC and care and support.

Support the marketing and promotion of services of regional capacity building and regional organizations with valuable technical skills. Much of the HIV/AIDS technical assistance provided in the West Africa region is imported from outside the region. While there is a strong need for continued capacity building, expertise at the institutional and individual level remains underutilized. These efforts will include building, maintaining, and promoting a database of West African technical expertise in HIV/AIDS and FP/RH that can be accessed by donors, governments, and educational facilities.

Illustrative Outcomes:

- Regional partners taking leadership role in key technical areas
- Consultant database accessed within region
- TA provided by regional partners and consultants

Build capacity for national data collection, analysis and surveillance. Capacity for HIV/AIDS epidemiological and behavioral surveillance data collection and analysis varies among countries in the region. Priorities are 1) the development of uniform data collection tools to be disseminated across the region's member countries; and 2) building regional capacity to collect, interpret and analyze data, including surveillance and DHS data. USAID/WARP will provide capacity building support in partnership with CDC and other partners to improve national government and regional insititution's abilities to strengthen HIV surveillance systems. Training support will be provided by CDC which offers an annual course on Epidemiology. USAID will support up to five DHS studies over the course of the project. Results will generate an analysis of epidemiological trends in the region which will be used by advocacy partners and others to inform national response strategies and mobilize resources.

Illustrative Outcomes:

- Data collection tools used in member countries
- Country DHS conducted

IR 5.4 Health Sector Reform Models Developed

Develop West Africa Regional commodity security plan for HIV/AIDS Commodities. With the expansion of HIV/AIDS activities, there will be a need for STI kits, HIV test kits, and other commodities. The regional program will work with key regional partners (e.g. WAHO) and other commodity donors to determine HIV/AIDS commodities and logistic management needs and develop a commodity security plan which outlines each donor's contributions. Mechanisms such as joint purchasing might be explored for ECOWAS countries with the objective of reducing procurement costs. An additional component of this activity will be the transfer of skills to a regional institutions in logistics management. The project will provide commodity seed support and technical assistance through field support mechanisms.

Illustrative Outcomes:

- Regional commodity security plan developed and implemented.
- Joint donor planning for commodity needs
- Regional capacity for logistics management in place
- Member countries resolving stock-outs through inter-country transfers
- Reduced stock-outs and wastage at national level

Provide Management and Coordination support to national AIDS coordinating bodies. Funding mobilized by the global community during the past few years will allow West African countries to develop comprehensive responses to HIV/AIDS. The most significant funding partners are the World Bank (MAP) and the Global Fund for AIDS, Tuberculosis, and Malaria who have large amounts of funds earmarked for Africa. However success at programming and disbursing these funds has been limited. The Region's access to new funding sources is often limited by countries' inability to prepare high quality proposals, lack of knowledge of AIDS programming, and inadequate coordination and financial management at the national level. The project will respond to national level requests to work with National AIDS Control Councils, government ministries, Country Coordinating Mechanisms, and other such partners in setting up fund disbursement parameters, providing capacity building in management and coordination, monitoring and evaluation, and other technical areas such as social marketing, commodity logistics, and behavior change programs. Again best practice models identified under IR 5.1 can be proposed for replication where appropriate.

Illustrative Outcomes:

- Countries provided with technical assistance
- Increased resources for HIV/AIDS programs disbursed in countries benefiting from technical assistance.

HIV Outcome Table

IR 5.1 Improved approaches to HIV/AIDS services disseminated

Activities	**Implementation Mechanism**	**Partners**	**Outcomes**
Expand existing cross border HIV/AIDS initiatives targeting mobile vulnerable populations	RFA, possible FS through Ambassadors Fund (AF)	CAs & regional partners, Bilateral Missions, World Bank, UNAIDS, other donors	• Private sector entities participating in cross-border interventions • VCT and STI facilities linked to cross-border interventions • Men reporting decrease in number of sexual partners • Women reporting decrease in number of sexual partners • Men/women using condoms

			during last risky sexual encounter • Men/women seeking STI treatment
Provide technical assistance to help with the design of additional cross-border initiatives to promote adoption of models	RFA	CAs &, Regional partners	• Behavior change and service approach targeting high-risk groups adopted and replicated
Identify best practice approaches and support replication	RFA	CAs, regional partners and Bilateral Missions	• Project models identified, refined and replicated for immigrant groups
Expand access to services for marginalized immigrant groups	RFA	CAs	• Country programs include services for immigrant groups

IR 5.2 Increase stakeholder advocacy for policy change

Activities	**Implementation Mechanism**	**Partners**	**Outcomes**
Support the development of a regional advocacy plan	RFA, plus FS from AF	CAs, regional partners, NGO networks and professional associations	• Advocacy partners conducting HIV/AIDS advocacy and communication activities at the country level • Active members in each network increased • Participation in key regional meetings increased • Multi-country advocacy materials developed and distributed
Develop technical model policies, norms and procedures on care and support for the West Africa region with a focus on linkages between prevention, care and stigma reduction	RFA	CAs, Bilateral Missions, regional partners, NGO networks and professional associations	• PNP technical committee put in place • Policies, norms and procedures adopted at the national level • Messages developed advocating increased availability of drugs for treatment of opportunistic infections • Collaboration between HIV and national TB programs increased

IR 5.3 Increased capacity of regional institutions and networks

Activities	**Implementation Mechanism**	**Partners**	**Outcomes**
Foster the further development and use of regional technical resource centers	RFA	CAs, Bilateral Missions, regional partners, NGO networks, other donors	• Regional partners taking leadership role in technical areas • Consultant database accessed within region • TA provided by regional

			partners and consultants
Build capacity for national data collection, analysis and surveillance	RFA, plus FS for DHS	CAs, CDC, Bilateral Missions	• Data collection tools used in member countries

IR 5.4 Health sector reform models developed

Activities	**Implementation Mechanism**	**Partners**	**Outcomes**
Develop West Africa regional commodity security plan for HIV/AIDS commodities	RFA, plus FS for TA and commodities	CAs, regional partners, Bilateral Missions, other donors	• Regional commodity security plan developed and implemented • Joint donor planning for commodity needs • Regional capacity building for logistics management in place • Member countries resolving stock-outs through inter-country transfers • Reduced stock-outs and wastage at national level
Provide management and coordination support to national AIDS coordinating bodies	RFA	CAs, regional partners, Bilateral Missions, other donors	• Countries provided with technical assistance • Increase resources for HIV/AIDS programs disbursed in countries benefiting from technical assistance

2. Family Planning / Reproductive Health

Program Approach

The project approach for family planning/ reproductive health will be guided by three key principles that will direct project interventions during the coming five years:

Reposition family planning as a critical part of the reproductive health and development agenda for the region**.** Given that rapid population growth is a major impediment to development and constraint for all WARPs SOs, family planning has a central role to play in protecting health and curbing rapid population growth for the sub-region. Efforts will be made to promote "no missed opportunities" and encourage interventions that promote dual protection messages for the prevention of both unwanted pregnancies and disease.

Building on previous successful FP/RH models. Efforts will be made to build on previous USAID investments in the region that demonstrate cost effective, yet culturally acceptable approaches for expanding FP/RH service delivery. These will include disseminating best models and approaches from the previous regional program, USAID bilateral missions and other successful programs.

Advocacy and Mobilizing Resources for FP/RH. Given the huge unmet need for family planning and limited resource, the project will support the development of advocacy and policy interventions to increase awareness for FP/RH in the sub-region. USAID will support the creation of alliances and share its technical expertise to leverage donor funding and identify new sources of funding for FP/RH activities.

While USAID and donors such as UNFPA have assisted countries in the sub-region to develop national population and reproductive health policies, political commitment remains weak. Implementation of the International Conference on Population Development (ICPD/Cairo) treatise has been uneven. Family planning programs are under-funded, implementation capacity is limited, and healthcare facilities struggle to provide minimal quality services.

While HIV/AIDS has had a major impact in several countries in East and Southern Africa with rates upwards of 25-30% among the adult population, West Africa continues to have relatively lower rates with only a handful of countries with prevalence over 5%. Therefore the West Africa project needs to ensure strategic FP/RH interventions that target prevention efforts to keep HIV/AIDS rates low. Region specific interventions also need to ensure an appropriate mix of FP/RH interventions that also support HIV/AIDS prevention efforts for improving reproductive health among ECOWAS states.

USAID's review of family planning data in sub-Saharan African has revealed some troubling trends. FP/RH performance in West Africa remains weak and funding is declining. However, there is a huge unmet demand for modern contraceptives yet family planning use remains low. Despite the disappointing funding trends for FP/RH, donors appear to be reengaged to identifying mechanisms for improved coordination and leveraging of funds in the region. In addition, the private sector can be enlisted to play a greater role in providing services including more effective methods.

Maternal mortality rates remain unacceptably high in the sub-region. USAID is committed to using every opportunity to strengthen linkages between FP/RH interventions and safe motherhood programs to increase birth intervals, and improve health outcomes for mothers and children. WHO's *Making Pregnancy Safer* Initiative will be a key partner in this area.

For the past two decades, USAID has expended significant resources to develop quality assurance approaches for clinical service delivery through its regional and bilateral programs. For the past eight years, USAID investments in its regional program have yielded a model of providing quality clinical service delivery. Other quality assurance models exist. There is significant potential to identify and replicate models from both regional and bilateral programs and replicate these approaches leveraging other donor funds for scaling up interventions throughout the region.

Given the above factors and USAID's comparative advantage, the Regional Program is uniquely positioned to support the following range of strategic interventions:

- Use the cross-border communications and service network to integrate FP/RH messages
- Identify, disseminate, and promote adoption of best practices
- Use the regional platform to strengthen advocacy for policy change to mobilize leadership around FP/RH
- Build technical and management capacity of regional institutions to support key focal areas for FP/RH
- Expand the role of the private sector in service delivery and leverage donor resources

Illustrative Activities by I.R.

IR 5.1 Improved approaches to FP/RH services disseminated.

Integrate FP/RH messages into Cross-Border VCT and STI components. The regional program will promote a policy of "no missed opportunities" to target and promote messages which highlight all risks associated with unprotected sex, namely unwanted pregnancy, and infection from STIs and HIV/AIDS. The primary beneficiaries will be women and youth residing in the catchment areas of the VCT and STI centers developed under FHA cross-border activities, and the third corridor supported by the World Bank. Dual protection messages will be incorporated into the curricula of peer educators and counselors, and IEC materials as appropriate, and oral contraceptives and injectables will be introduced. It is anticipated that this activity will target up to 80 sites along the three different transport corridors.

Analyze and disseminate Quality Assurance tools. Through the FHA project, USAID has supported the development of a wealth of materials and tools to promote quality assurance. These include quality of care, infection prevention, inter-

personal communications and counseling, monitoring and supervision. These have been tested in national settings, but some may require refinement to extract core elements for broad replication/adoption. Illustrative partners might include MOH, family planning associations, NGO networks, training and/or service delivery organizations. Using local and regional consultants, the Regional Program will identify, analyze, and refine best practices. Regional workshops and other mechanisms will be used to share tools and experiences in implementing QA models throughout the region.

Identify, disseminate and promote adoption of innovative service delivery models. The Regional Program will seek to identify cost-effective quality assurance models to expand family planning and reproductive services. Special emphasis will be placed on models which link family planning to Maternal and Child Health programs (such as postpartum and postabortion care), HIV/AIDS activities such as PMTCT, and improve access for youth. The Regional Program will also explore the potential for replicating quality assurance FP service delivery models in a variety of settings which might include a broader range of healthcare services, introduction of an outreach component, and linkages with social marketing programs. Drawing on innovative models emerging from USAID bilateral programs, other donor projects, and PVO and NGO service delivery networks, the Regional Program will use local or regional consultants to identify, analyze, and refine best practices. Cost of implementation and replication of models is an important consideration in the identification and analysis of models. Regional workshops and other mechanisms will be used to promote adoption of service delivery models in the Region. The Regional Program will provide seed funding, technical assistance and contraceptives to launch replication of models.

Expand access to services for marginalized immigrant groups. Many countries in the sub-region have pockets of immigrant populations who are not reached by FP IEC activities or services. This is due in part to their marginalization as a foreign community, but also to language, religious and cultural barriers. The Regional Program has a role to play in improving access to services by importing IEC materials and approaches from their home countries. The Program will draw on bilateral FP programs supported by USAID missions and other donors to develop activities which are appropriate to these groups.

Illustrative Outcomes:

- VCT and STI sites offering FP/RH information
- VCT & STI sites offering FP methods
- Quality Assurance tools replicated
- Innovative service delivery models replicated
- Activities targeting immigrant groups

IR 5.2 Increased Stakeholder Advocacy for Policy Change.

Support the development of a Regional Advocacy Plan. Activities under this IR will mobilize political will to bring family planning/reproductive health back to the forefront of national health agendas. The inputs of WHO and UNICEF will be solicited to ensure that maternal health issues are featured in the plan. USAID's REDUCE model is one key advocacy tool which might be used to raise awareness of the critical linkages between family planning and safe motherhood and mobilize regional support for maternal and reproductive health. The plan will also include the development of advocacy activities to promote the dissemination and adoption of best practices described under IR 5.1.

The advocacy plan will target the following key stakeholders:

- Political, religious and traditional leaders
- Professional associations
- Rights-based groups (womens' and others)
- Print and electronic media

Illustrative activities under the plan might include: the development of culturally appropriate advocacy materials, targeted study tours or south-south exchanges for policy makers to observe the impact of progressive policies which increase access to FP/RH services, identification and dissemination of innovative advocacy interventions (such as the use of radio dramas, music, sports, testimonials and use of key entertainment figures to raise awareness and support for FP/RH).

The Regional Program will build capacity of key stakeholders to conduct advocacy activities by developing an FP/RH advocacy guide, promoting study tours and regional workshops to promote communications skills.

Promote innovative advocacy activities through competitive grant program. Aimed at stakeholders identified above, this grant program will promote innovative advocacy activities which garner support for FP/RH within a specific constituency, at the national or regional level. A technical assistance component will be included to refine strategies and implementation. Recognition will be provided to exemplary advocates who "champion" the cause of FP/RH. This could be done in the context of a peer-led certification program. Champion advocates' experiences will be showcased and disseminated in the region through regional for a and media coverage.

Support regional capacity to monitor implementation of the International Conference on Population and Development (ICPD), Ouagadougou and other international treaties promoting FP/RH. Most countries in West Africa participated in the Cairo and post-Cairo conferences that spelled out strategies to increase and improve RH policies and programs. Following the ICPD conferences, some countries developed their own FP/RH agendas. One example is the Plan d'Ouaga which brought together nine Sahelian countries in Ouagadougou to elaborate country action plans to implement ICPD-inspired activities. Progress in the implementation from these plans is not yet evident. In collaboration with UNFPA, IPPF and other regional stakeholders, WAHO may document the status of policies and programs and create a regional data base to monitor progress across the region. Results will be reported to ECOWAS heads of state, and technical resources will be made available to develop action plans to implement country recommendations.

Conduct DHS on cost share basis. An advocacy plan requires reliable and up to date data. The DHS survey, traditionally supported by USAID, provides key baseline data for the development and evaluation of national FP/RH and HIV/AIDS programs, and are used by governments, private sector institutions and bilateral and multilateral donors. The Regional Program will support up to five DHS during the course of this project on a cost-share basis. Countries will be selected based on their demonstrated commitment to the implementation of FP/RH programs. These funds will be used to leverage support from other RH and HIV/AIDS donors, such as the World Bank, MAP or CDC. Key findings will be analyzed and repackaged to orient advocacy strategies.

Illustrative Outcomes:

- Stakeholder groups participating in regional advocacy events
- Advocacy grantee campaigns covered by the media
- Countries implementing ICPD-Ouaga Action Plan
- DHS conducted over course of the program

IR 5.3 Increased Capacity of Regional Institutions

Foster the further development and use of regional technical resource centers:

African experts need to take the lead in formulating, implementing and evaluating effective health delivery systems and strategies. The focus will be on establishing technically and managerially sound institutions which can service the needs of the Region through technical assistance and leadership. USAID has a long track record with the following regional partners who can take on capacity building roles in key areas for FP/RH:

- CAFS for in-service training
- IRSP for pre-service training
- SAGO for advocacy
- CERPOD, CEFOREP for OR/M&E

Some of these institutions, such as CAFS, have developed into mature organizations which no longer require organizational development assistance, while others might still require strengthening. The Regional Program will support the latter with institutional grants which will enable them to become full regional partners in building capacity for the development, implementation and evaluation of FP/RH programs. A complement of technical assistance might be included to strengthen management and financial systems, develop strategic plans, and competitive costing for services.

Where appropriate technical capacity will also be strengthened to ensure integration of state-of-the-art approaches in key areas.

Market and promote services of regional partners and African experts. Much of the technical assistance provided in West Africa is imported from outside the region. While there is a strong need for continued capacity building, expertise at the institutional and individual level remains underutilized. WARP and the Regional Program will promote the services of the regional partners to USAID missions in the region, and other donors. The Project will support the development of a FP/RH and HIV/AIDS local consultant database, building on the database developed by FHA. It will be updated to include HIV/AIDS consultant resources and made accessible to donors, governments, and educational facilities.

Support the development of new curriculum for special training needs and using new technologies. Schools of public health, midwifery and nurses need continued investments to generate competent healthcare personnel. Experience under FHA has shown that these schools' training curricula is often inadequate for FP/RH. The regional project will quickly assess the needs for curricula reform and application of improved training methodologies. A technical assistance plan for strengthening these institutions' FP/RH training programs will be developed and implemented.

Illustrative Outcomes:

- Reform of training programs in target institutions effected
- Regional institutions taking leadership role in specific technical area
- TA provided by regional partners and consultants
- Consultant database accessed within region

IR 5.4 Health Sector Reform Models Developed

Develop commodity security plan. Historically, USAID has played an important role in the provision of family planning supplies in the region. While there is significant unmet demand for family planning, donor contributions are decreasing in the West Africa sub-region. The Regional Program will work with key regional partners and other commodity donors to determine contraceptive and logistics management needs, and develop a commodity security plan which outlines each donor's contributions. Mechanisms for inter-country transfers to resolve stock-outs might be explored, along with joint purchasing for ECOWAS countries with the objective of reducing procurement costs. An additional component of this activity will be the transfer of skills to a regional institution in logistics management. The project will provide commodity seed support and technical assistance through Field Support.

Promote donor collaboration and mobilize funding for FP/RH. Building on the USAID/UNAIDS donor mapping activity, conduct donor consultation meetings to review and share information on funding trends in FP/RH and maternal and child health. It is envisioned that the reviews will increase collaboration among donors, including USAID bilateral missions in the region and open up opportunities for leveraging funds. WAHO could play a key role in monitoring and disseminating donor-funding trends. Discussions are underway to work with key family planning donors and WAHO/ECOWAS to develop a long term strategy for ensuring access to contraceptive supplies, perhaps through the establishment of a Contraceptive Security Fund. Details on funding, mechanisms and management are being discussed and the World Bank is prepared to use initial grant funds to capitalize the fund up to $100 million over the next five years. It is anticipated that USAID will provide technical assistance to support these efforts.

Integrate FP/RH activities into sector wide approaches. The project will dialogue with regional partners to explore opportunities for integrating FP/RH into sector wide approaches and new financing initiatives. New approaches include Highly Indebted Poor Countries (HIPC), Sector Wide Approach Program (SWAP) and Africa lead initiatives such as the New Partnerships for Africa Development (NEPAD). The project could support regional partners and fund meetings and fora to encourage countries to reprogram debt forgiveness funds to support FP/RH and safe motherhood programs. This precedent has already been set in other countries with the earmarking of funds for HIV/AIDS. Technical assistance will be provided to regional and sub regional partners to develop position papers and strategies for encouraging FP/RH funding through sector wide approaches.

E**xpand private sector participation in FP/RH.** To increase private sector participation in the delivery of family planning services, the Regional Program will identify major employers and provide technical assistance and commodities to establish workplace-based programs. Matching grants will be provided to leverage private investment and multi-year support will ensure sound anchoring of the programs within the workplace. It is anticipated that five to seven workplaces will be targeted over the life of the project.

Explore role of "mutuelles" in expanding access to FP/RH. Some USAID missions in the region are supporting pre-payment schemes or "*mutuelles*" to address healthcare financing issues at the community level. WHO, under its *Making Pregnancy Safer* initiative, is also exploring these mechanisms to improve access to emergency obstetric services. The project will identify best practices in this area, and using operations research, will test the viability of this model to improve access to FP/RH services.

Illustrative Outcomes:

- Regional commodity security plan developed and implemented.
- Reduced stock-outs and wastage at national level.
- Joint donor planning for commodity needs conducted
- Local capacity for logistics management in place
- Funds allocated to FP/RH in national health budgets
- Workplace-based programs replicated
- Employers' continued support to FP activities following withdrawal of project funding
- *Mutuelle* model adapted, tested and adopted

FP/RH OUTCOME TABLE

IR 5.1 Improved approaches to FP/RH services disseminated

Activities	**Implementation mechanism**	**Partners**	**Outcomes**
Integrate FP/RH messages into Cross-Border VCT and STI components.	RFA	CAs & Regional Partners	• VCT and STI sites offering FP/RH information • VCT & STI sites offering FP methods
Analyze and disseminate Quality Assurance tools.	RFA, with CAFS, sub-regional institutions	MOH, IPPF, NGO networks, Training Organization	• innovative Quality Assurance tools replicated
Identify, disseminate and promote adoption of innovative service delivery models.	RFA, CAFS, sub-regional institutions	Bilateral Missions, MOHs, IPPF, NGO networks and professional associations	• innovative service delivery models replicated
Expand access to services for marginalized immigrant groups	RFA	Bilateral Missions, regional partners	• activities targeting immigrant groups

IR 5.2 Increased Stakeholder Advocacy for Policy Change

Activities	Implementation mechanism	Partners	Outcomes
Support the development of a regional advocacy plan targeting: • Political, religious and traditional leaders • Professional associations • Rights-based groups (womens' and others) • Print and electronic media	RFA	WAHO, UNFPA, IPPF, ECOWAS, WHO/AFRO, regional professional and women's groups, FBOs	• stakeholder groups participating in regional advocacy events
Promote innovative advocacy activities through competitive grant program.	RFA	WAHO, NGO networks, the media, professional associations & civil society	• stakeholder groups participating in regional advocacy events
Support regional capacity to monitor implementation of Cairo, Ouaga, and other international treaties promoting FP/RH.	RFA	WAHO, UNFPA, IPPF with regional partners	• countries implementing ICPD-Ouaga Action Plan
Conduct DHS on cost-share basis	MACRO	Other donors	• DHS conducted over course of the program

IR 5.3 Increased Capacity of Regional Institutions

Activities	Implementation mechanism	Partners	Outcomes
Foster the further development and use of regional technical resource centers	RFA	Regional institutions	• Reform of training programs in target institutions effect Number of regional institutions taking leadership role in specific technical area • TA provided by regional partners and consultants
Support the marketing and promotion of services of regional capacity building and regional organizations with valuable technical skills	RFA	Regional partners, consultants	• Consultant database accessed within region
Support the development of new curriculum for special training needs and using new technologies.	RFA	Regional Training Institutions	

IR 5.4 Health Sector Reform Models Developed

Activities	Implementation mechanism	Partners	Outcomes
Develop commodity security plan	RFA Field Support	WAHO ADB, WB, WARP, USAID missions, UNFPA, other Commodity	• Regional commodity security plan developed and implemented. • Reduced stock-outs and wastage at national level.

		Donors	• Joint donor planning for commodity needs • Local capacity for logistics management in place
Promote donor collaboration in FP/RH.	RFA	WAHO and FP/RH donors	• participating donors and funding increased
Integrate FP/RH activities into sector wide approaches	RFA	WAHO Bilateral Missions	• funds allocated to FP/RH in national health budgets
Expand private sector participation in FP/RH.	RFA, regional partner	Private sector companies and multinationals	• workplace-based programs implemented • Employers' continued support to FP activities following withdrawal of project funding
Explore role of community financing schemes (mutuelles) in expanding access to FP/RH.	RFA, regional partner	Bilateral Missions, NGOs	• Mutuelle model adapted, tested and adopted

3. Child Survival, Maternal Health, Infectious Diseases and Micronutrients

Program Approach

The Project approach for Child Survival/MH/ID and MN is guided by the following principles:

Strong collaboration with partners in the sub-region: Given the extremely limited funds available for CS, USAID must focus on collaboration with partners to maximize limited resources. The variety of partners in EPI, IMCI, IDS/R and the RBM movement-- UNICEF, WHO, World Bank, donors, CAs and other technical partners-- are beginning to organize and coordinate their support to countries. USAID is part of this effort, and this regional program offers an important opportunity to enhance the various partnerships in the Sub-region. This will entail joint financial and program planning with partners. Identification of the best roles each partner can play in advocacy and dissemination of information will be a key element of this process.

Support for Advocacy for proven cost–effective interventions: The Technical Strategies for CS are for the most part clear and focused. For example, The Roll Back Malaria technical strategy is clear and focused on known interventions: early and effective treatment, ITNs and antenatal IPT. This is also USAID's technical strategy for reducing the impact of malaria in West Africa. Policy work, sharing of best practices and focused technical assistance can enable the countries of West Africa to mobilize and target the growing resources for malaria control from the GFATM, as well as GAVI and GAIN funds and those from other sources for EPI, IMCI and Nutrition.

Strengthened Capacity: Pre-service and in-service training for EPI and nutrition in particular need strengthening. Most countries have a strong program management, but limited capacity at the regional and district level in the basic elements of CS programs. Strengthening or adding to the curriculum in regional training institutes and schools of public health can provide graduates with the basic technical elements and innovative programs based on the documentation of best practices or models they will need in their work.

Due to limited funding in the area of child survival and the regional focus, the project will need to identify model programs or activities that will have the greatest impact on improving the health status of children and mothers throughout West Africa. Once a model intervention has been identified, the regional project will select effective methods to package and disseminate materials and models to regional institutions. The end result will be regional institutions adopting and using model programs at the service provider level and through training centers. Furthermore, the activities identified

below will build on the activities, programs and institutions supported by the Family Planning/ Reproductive Health and HIV/AIDS Interventions designed for WARP.

Given limited resources and multiple potential initiatives and partnerships to build on, the regional program will support the following strategic interventions:

1. Identify, disseminate and promote adoption of best practices.
2. Develop a regional advocacy tool to mobilize leadership around child survival.
3. Build the training capacity of regional institutions to support key child survival and infectious disease activities.
4. Leverage donor resources through joint-planning with regional CS/ID partners.

Illustrative Activities by I.R.

IR 5.1 Improved approaches to CS services disseminated.

Identify and disseminate best practices in child survival and maternal health, specifically in the areas of IMCI, EPI, nutrition and malaria. Effective programs have been introduced, implemented and in some cases evaluated to address key health issues in child survival and maternal health. In the areas of malaria, IMCI, and EPI, including the disease control initiatives of polio, measles and neo-natal tetanus and surveillance, there are current and potential future activities which provide an opportunity for the demonstration and dissemination of new approaches. Five best practices in IMCI, nutrition, EPI and malaria will be disseminated in each year of the project.

USAID has supported EPI programs in Mali, Guinea, Nigeria, Senegal and Ghana in partnership with BASICS, WHO/AFRO and UNICEF. Support was aimed at strengthening National EPI programs, increasing partnerships and planning, and increasing access to immunization services in hard to reach areas. Each program has focused on different areas for strengthening EPI, such as supportive supervision, micro-planning, increasing access and communication skills and exploring ways to build on the polio eradication initiative. The experience has led to the development of a West African Network which is being strengthened through GAVI for provision of technical assistance and exchange of experiences. Documentation and dissemination of some of the best EPI practices coming from these programs can demonstrate positive change to leadership in the region and can serve as potential leverage for increased funding support. Some of the best practices from these programs include promotion of injection safety, behavior change communication, integration of vitamin A capsule distribution during EPI, model programs for VA delivery in a post-NIDS environment, reduction of immunization drop-outs and improving access to services.

Current IMCI work in the sub-region has focused on programs at the community and household levels. In addition, collaboration with UNICEF under their recent CIDA grant is leading to an expansion of IMCI from small demonstration areas to nationwide expansion at the health center and community level. The Regional Program will seek to capture the lessons learned from these experiences and will identify success stories which increase the availability and the effective use of drugs for IMCI.

The sub-region has a wealth of experience to offer in malaria control. Benin offers best practices related to malaria control and IMCI as well as recent collaborative efforts by PSI and NetMark for targeted ITN subsidy in antenatal care. USAID/Ghana supports malaria interventions in several ways: as part of anemia reduction programming, integrated malaria communications; and targeted provision of ITNs. The MAC is facilitating interagency coordination to support the roll out of the Regional Framework for Control of Malaria in Pregnancy; dissemination of best practices, tools and protocols; encouragement of RBM/PH programmatic linkage. The new strategic framework for scale up of ITNs in Africa outlines several areas in which best practices and approaches need development and rapid dissemination; vouchers; targeting of pregnant women; market priming and monitoring and evaluation.

For nutrition, best practices for dissemination exist in VA capsule distribution and the dissemination of model programs in the delivery of iron folic acid through micronutrient days and antenatal care.

Due to limited funding for child survival and the regional focus for the WARP program, the project will need to identify model programs or select activities that will have the most impact on improving the heath status of children and mothers. Once a model intervention has been identified the Regional Program will develop effective methods disseminate and promote the adoption of the model. The Regional Program will work with regional institutions to promote greater use and adoption of model programs at the service provider level and through training centers

Where possible, and to maximize limited child survival funds, the Regional Program will seek opportunities to integrate child and maternal health activities into model family planning programs and to include IFA supplements and IPT into family planning programs.

Illustrative Outcomes:

- Five best practices in EPI, IMCI, malaria and nutrition refined and replicated during the life of the project in at least five countries in West Africa

IR 5.2: Increased Stakeholder Advocacy for Policy Change

Develop and implement a regional advocacy plan. Political and financial commitment to Child Survival and Maternal health is limited. To encourage more interest and support for this area, the Regional Program will highlight and disseminate compelling data from the region and best practices. Support will be provided for the development of a regional advocacy plan, and will include an analysis and review of existing health status data and policies in child survival and maternal health. Specific advocacy tools will be developed to leverage increased funding allocations for child survival and infectious disease in member country budgets. This activity will be carried out in collaboration with sectors working in HIV/AIDS and FP/RH, to coordinate common activities such as the development of advocacy guides, communications training, etc.

National leaders will be asked to report on progress toward implementing the goals set forth in the World Summit for Children declaration, and other regional agreements. By institutionalizing the monitoring of the implementation of these agreements, member countries will be held accountable for progress made in achieving agreed goals.

Malaria control efforts benefit from the existence of effective tools and approaches such as the three key interventions targeted by the Abuja Summit: ITNs, IPTs and effective treatment of young children. However, each of these interventions requires supportive revised policies. WARP partners such as WAHO offer an opportunity to link USAID technical support to inter-country advocacy for improved policies.

Strengthen advocacy skills of regional institutions, networks and professional organizations. To ensure long-term capacity for advocacy within the sub-region, the Regional Program will strengthen advocacy skills within regional institutions, networks and professional organizations. The Regional Program will partner with regional African institutions, such as WAHO, nursing and other professional associations, professional networks and country coordination committees for global initiatives, such as GAIN and GAVI. The Regional Program will provide support to these groups to build their ability to advocate effectively for the mobilization of increased resources for child and maternal health.

Illustrative Outcomes

- Advocacy guide developed
- Regional advocacy plan for child survival developed and adopted by ECOWAS
- Increase in resources for child survival activities in member country's annual budgets
- ECOWAS countries implementing global and regional declarations and commitments
- Advocacy networks developed or strengthened for EPI, IMCI, malaria and nutrition

IR 5. 3: Increased Capacity of Regional Institutions

Assess region wide gaps in CS/MH training needs and identify appropriate institutions for incorporation of training. Gaps in the training of health professionals and health workers diminish the capacity of health systems and hinder the implementation of donor programming. The regional project will assess the critical gaps in health professional training in the areas in EPI, nutrition, malaria and IMCI. Poor vaccine management and the distribution of micronutrients in child health are just two examples of possible gaps that could be addressed on a regional level. Training institutions will be identified that the regional program could work with to develop curricula and new training materials.

Develop and support a training capacity plan. Identified African partner institutions and experts will receive support for developing training curricula, courses and possibly other types of training, such as refresher courses and workshops. The regional program will ensure that training courses in selected gap areas, such as pre-service training in EPI, are institutionalized within the region. This support will be provided to regional institutions as part of a regional capacity development plan. This IR will be accomplished in coordination with support provided by the FP/RH and HIV/AIDS components of the IR 5.1 and other donor and institutional partners.

Illustrative Outcomes

- Critical training gaps identified in EPI, IMCI, malaria and nutrition
- Regional capacity development plan developed
- Reform of training programs in target institutions effected
- Regional institutions conducting training for CS programs

IR 5.4: Health Sector Reform Models Developed

Develop a commodity security plan and mobilize funds for procurement. As previously noted, lack of vaccines, drugs and medical supplies are major constraints to effective and sustainable delivery of health care. Inadequate planning, management, and funding constraints contribute to vaccine and drug shortages. The regional program will work with GAVI partners to strengthen the financial planning and management process in the identification of vaccine needs, forecasting and mobilization of funds. Linkages will be made with the commodity planning activities under the FP/RH and HIV/AIDS components to improve the availability of drugs and other child survival and maternal commodities.

Support capacity to develop proposals for the GFATM, GAVI and GAIN. The program has a strong role to play in supporting country capacity for GFATM, GAVI and GAIN proposals. USAID participation in the global and African Partnerships for RBM, EPI, IMCI and nutrition produced strong relationships with funding partners (World Bank, African Development Bank, Gates Foundation) that could be enhanced by a stronger regional USAID presence for Child Survival, nutrition and malaria.

Joint planning with regional CS/ID partners to leverage resources. Information collected indicates that funds for routine immunization programs, nutrition, outbreaks of select communicable diseases and maternal health are lacking. In order to achieve the goals as set forth in world summits, improved and expanded partnerships with both the public and private sector as well as with multilateral agencies such as WHO and UNICEF are imperative. This project is well suited to encourage joint programming and planning in these areas in order to assure optimum use of its limited resources. To this end, the project will advocate for closer planning by inviting partners in the region to participate in the development of its activity plans. Partners will also be encouraged to share reports on a frequent basis, attend regional meetings and identify areas for joint reviews. By these actions and frequent formal and informal contact, it is expected that the other partners will begin to include the USAID regional program as they plan and program their activities and support received by other bilateral donors and agencies.

Illustrative Outcomes

- CS/MH essential commodities incorporated into the FP and HIV/AIDS commodity security plan
- Increase in donor funding for CS commodities
- Proposals accepted and funds disbursed
- Joint donor planning for commodity needs

- Joint donor planning for activities and reviews

Child Survival / Nutrition / Infectious Diseases/ Maternal Health

IR 5.1 Improved approaches to CS/ID services disseminated

Activities	Implementation mechanism	Partners	Outcomes
Identify and disseminate best practices in child survival and maternal health, specifically in the areas of IMCI, EPI, nutrition and malaria	RFA	Missions, World Bank, WHO, Universities, Ministries of Health, NGO Networks, DFID, UNICEF, DFID, Private Physicians, UNICEF, NGOs, Roll Back Malaria, Micronutrient Initiative/CIDA	• best practices in child survival and maternal health disseminated, at least one best practice from each of the four technical areas (IMCI, EPI, Malaria or nutrition) during the LOP.

IR 5.2 Increased Stakeholder Advocacy for Policy Change

Activities	Implementation mechanism	Partners	Outcomes
Develop and implement a regional advocacy plan.	RFA	UNICEF WHO WAHO PVOs National Governments	• Advocacy guide developed • Regional advocacy plan for child survival developed and adopted by ECOWAS • resources for child survival activities in member country's annual budgets increased • ECOWAS countries implementing global and regional declarations and commitments
Strengthen advocacy skills of regional institutions, networks and professional organizations working in child survival.	RFA	WAHO GAVI Nursing Associations	· Advocacy networks developed or strengthened for nutrition, IMCI, EPI

IR 5.3 Increased Regional Capacity of Regional Institutions

Activities	Implementation mechanism	Partners	Outcomes
Assess region wide gaps in CS/MH training needs and identify appropriate institutions for incorporation of training	RFA	WHO, CAs, Universities	• Critical gaps identified in EPI, IMCI, malaria and nutrition • Partner regional institutions identified

Develop and support a training capacity plan.	RFA	Universities, Training Centers, RAPIs	• Regional capacity development plan developed • Reform of training programs in target institutions effected • Number of regional institutions conducting training for CS programs • TA provided by regional partners and consultants • Consultant database accessed within region
Institutionalize in training curricula courses on immunization and nutrition	RFA Field Support	Universities	• regional institutions integrating new training curricula in child survival.

IR 5.4 Health Sector Reform models developed

Activities	**Implementation mechanism**	**Partners**	**Outcomes**
Develop a commodity security plan and mobilize funds for procurement.	FS		• CS/MH essential commodities incorporated into HIV/AIDS and RH/FP commodities security plans • donor funding for CS commodities increased • Joint donor planning for commodity needs
Support capacity to develop proposals for the Global Trust Fund, GAIN and GAVI	RFA	Local experts and consultants	• Proposals accepted and funds disbursed
Joint planning with regional CS/ID partners to leverage resources. One LTTA in Abidjan	Field Support	UNICEF WHO	• Resources leveraged for Child Survival and Infectious Diseases • Joint donor planning for activities and reviews

4. Increasing Capacity of Regional Institutions

Program Approach

West Africa's weak managerial and technical expertise is frequently cited as fundamental constraint to health policy and program development in the countries of the region. Problems include inadequate numbers of trained personnel, ill-motivated, poorly paid and poorly equipped staff, urban/rural imbalance in the distribution of health workers, the need to re-train staff to address new health problems and to use new health technologies, and poorly planned use of donor training and HR development resources.

Basic Principles for the regional program:

1. Build on and consolidate past institutional investments, largely in FP and CS technical areas; as well as past managerial and financial management assistance for RAPIs.
2. Foster institutional skills to meet new health needs and markets for services–for HIV (e.g. HIV policy analysis and development at CERPOD, IEC strategies for HIV needs at CERCOM; etc).

3. Use "graduate" organizations as project partners for program implementation and help with marketing their skills to other donors, etc.
4. Strengthen WAHO as a new, but still limited, ECOWAS institution with strong leadership. Support some of its chosen objectives (advocacy, policy, information collection and dissemination, facilitating bulk purchases of medicines and commodities) at the pace it can manage. Provide tailored managerial skills development.
5. Assist in developing young health professionals with multi-lingual and information technology skills.

Types of regional institutions:
The lack of institutional capacity in West Africa nations prevails as well at the regional level, where key Inter-Governmental Organizations (IGOs) institutions, such as ECOWAS and WAHO, have action mandates from West African heads of state, but are still developing the capacity to carry out those instructions. These institutional shortcomings present obstacles to the attainment of USAID/WARP objectives in all sectors of activity, including the PHN sector where WAHO is a natural USAID partner for a regional program. WAHO, for example, is looked to in this program to play a significant role in a) facilitating the development of a regional advocacy plan; b) facilitating the development of a regional commodity or bulk purchase plan, c) brokering the national adoption of health policies, norms and standards, and d) collecting, assessing and disseminating information, including information on best practices. All of these program action areas are WAHO priorities as identified in WAHO's FY 2003-2007 Strategic Plan. Although established in 1987, WAHO only began substantive work in 2000 and is gradually adding to its staff and its institutional capacity. Financial, managerial and technical support to WAHO from USAID, through this program, and from other donors, is clearly needed if WAHO is to achieve its regional objectives.

A few other regional institutions, interested in collaborating in this program are prepared to play early and substantive roles in pursuit of program objectives. CAFS, with offices in Lome and Nairobi, and CERPOD in Bamako have benefited from 15 years of USAID institutional and organizational support. CAFS can provide African consultant and resources persons to support various tasks, especially in the areas of reproductive health and, increasingly, in HIV/AIDS. CERPOD, though weakened by recent governance issues and budget cuts, is still the region's paramount center for operations research, special studies and date analysis. These institutions will not require substantial additional technical support –except perhaps in realigning their reproductive health mandates to also include HIV/AIDS.

A third category of regional institution are regional or national training institutions and schools of public health that provide training for professional health personnel, and often also engage in operations research . One example is the WHO-supported Institute Regional de Sante Publique (IRSP), near Cotonou, Benin, which offers world class degree training in public health and epidemiology and is eager to develop other short-term training programs. Other examples are pre-service training centers in Togo, Nigeria, Senegal and Ghana and ISED in Dakar, Senegal. These centers can be the locus for development of new curriculum and training programs to train doctors, nurses and other personnel in the management and use of modern health technologies (e.g. immunization system management, HIV care and support). Regional professional associations, such as SAGO and WACS, are well positioned to play a leading role in encouraging state-of-the-art in-service learning by their members.

A cadre of important private or semi-public public health and social science institutions have blossomed in recent years and hope to provide their services widely through the region. Several of these institutions participated in the RAPI program and benefited from modest levels of technical, managerial and financial management support from the FHA program. While some have "graduated" from the RAPI competency-based training programs, others still need both management and technical support in order to provide the high quality IEC, training, policy, advocacy, behavioral research or operational research skills that are in short supply in the region.

Finally, several young regional NGOs and NGO regional networks have been established in the past 10 years, often in response to HIV/AIDS. They include groups such as AFRICASO (the Africa affiliate of an international network); SWAA (a woman-focused regional NGO) and NAP+ (dedicated to people living with AIDS). However, most are under-funded and the networks function very loosely, often even lacking a physical secretariat. These NGOs and NGO networks have potential to become regional focal points for leadership and skill development in advocacy, community involvement, youth programs, and women's programs, among others.

Illustrative Activities by I.R.

I.R. 5.3 Increasing Capacity of Regional Institutions

Improve WAHO capacity to effectively manage select program activities. As described above, WAHO will play a key role in several program activities (monitoring regional implementation of international agreements and treaties, development of an advocacy agenda(s) for the region, encouraging use of model policies, norms and procedures, development of a regional commodity security plan and perhaps a bulk purchasing system). In addition, the program might assist in establishing WAHO's documentation center, possibly including transfer of the CDC-Retro information center in Abidjan to WAHO. To help achieve these program objectives and to increase WAHO's medium-term institutional capacity, the program might provide a package of carefully tailored multi-donor technical, managerial and financial assistance to WAHO. This package might include a long-term technical or managerial advisor to WAHO, a variety of short-term advisors or consultants, some modern equipment, including information technology and payment of some of the operating costs essential to carry out the four program activities.

Other donors, such as CIDA, the E.U. and the World Bank are reportedly also seriously considering providing assistance to WAHO and other ECOWAS institutions to give them the capacity to meet their broad regional mandates. Therefore USAID regional program assistance to WAHO will need to be carefully coordinated with these donors as well as WAHO.

Illustrative Outcomes:

- Demonstrated capacity of WAHO to effectively manage select program activities
- WAHO staff hired and trained to replace LTTA and STTA consultants
- Administrative, personnel and financial management systems established and functioning
- Successful implementation of competitive grants program
- Procurement systems for commodities improved

Support the long-term sustainability of CERPOD. CERPOD has an excellent technical reputation, especially for policy and research related to family planning and reproductive health. However, this CILSS-affiliate organization has recently suffered from serious financial and governance problems and USAID has therefore provided some temporary budget support. Increasing CERPOD's capacity to carry out HIV/AIDS policy and research might better position the institution in the near term to market their services. A "transition package" of assistance might include declining levels of support for operating costs, support in resolving governance problems and select technical or managerial capacity building.

Illustrative Outcomes:

- Governance issues with CILSS resolved
- CERPOD implements financial and other needed reform actions
- Budget deficit eliminated
- CERPOD wins competitive contracts and grants awards to finance its operations
- Skills in HIV upgraded and marketed.

Foster the further development and use of regional technical resource centers. As discussed in the sections describing IRs 1 and 2 many of the key technical skills needed to plan, implement and evaluate HIVAIDS, reproductive health and other priority health programs in West Africa are in short supply. Many of these skills can be provided efficiently across countries in the region from regional institutions.

Many regional institutions are well on their way to becoming regional technical resource centers. This program will support the ability of these institutions to develop further through combinations of technical support and managerial support.

Five of the eight (originally ten) RAPIs successfully completed competency-based training in areas of management and financial management and "graduated" from the program. Some of these organizations, along with other organizations of regional scope, have been identified by health specialists as potential regional centers that can offer special technical or training skills.

The program should, using rapid assessment or other techniques, assess the supply of regional technical services that relate to this program (best practice and service delivery, advocacy and policy change, M&E systems, commodity security, improved health program planning, health system management, immunization system management, statistics and DHS skills). Based on this analysis, approximately 10-20 institutions with the capacity to become regional technical resource centers would be designated as potential recipients of program support. The program might then provide technical or managerial support to certain of these institutions and organizations via a) Institutional Support Grants; b) direct support from a West African "graduate" institution or a specialized management or financial management organization contracted for this purpose by the CA; or via c) direct assistance from the CA. For "graduate" institutions, the program can best provide continued support by "buying" and using their services and helping market their talents to donors and governments in the region.

The following schema is a *very illustrative* list of institutions and possible support mechanisms to be provided. Some information is available in FHA documents regarding the strengths and weaknesses of specific organizations. However, it is expected that successful applicants conduct a needs assessments of organizations chosen as partners

Type of Regional Institution and Core Skills	**Contract for Services**	**Strengthen Technical Capacity**	**Strengthen Management and IT**
A. African partner institutions & their Technical Resource Focus			
1. CAFS – in service training	**X**		
2. CHP – HIV Advocacy	**X**	**X**	
3. CERPOD – Policy & Research for FP, HIV,CS	**X**	**X**	**X**
4. CERCOM – IEC for FP, HIV, CS	**X**	**X**	**X**
5. CEFOREP – Operational Research, M&E	**X**	**X**	**X**
6. IRESCO – Behavioral Research	**X**		
B. Health Training Institutions, including Universities			
1. IRSP	**X**	**X**	**X**
2. ISED – Operational Research and Training (incl. Masters Program)	**X**		
3. ENSEA – Research and Statistics	**X**		
C. Regional NGOs and networks			
1. Africaso	**X**	**X**	**X**
2. SWAA	**X**	**X**	**X**
3. Nap+	**X**	**X**	**X**

Illustrative Outcomes:

- Regional met their institutional strengthening grant objectives (elements of managerial capacity, technical capacity, financial management capacity)
- Institutions recognized as centers of competency in areas of key technical need to support HIV, FP/RH, CS and ID regional requirements

Support the marketing and promotion of services of regional capacity building and regional organizations with valuable technical skills. The program should directly utilize and also actively market and promote its West African regional partner institutions and skilled individuals trained under previous USAID regional and bilateral HIV and FP projects. These efforts will include building, maintaining, and promoting a database of West African technical expertise in HIV/AIDS and FP/RH that can be accessed by donors, governments, and educational facilities.

Illustrative Outcomes:

- Regional partners taking leadership role in key technical areas
- Consultant database accessed within region
- TA provided by regional partners and consultants

Build capacity for HIV/AIDS surveillance, data collection and analysis. The program would work in tandem with the CDC regional program in a gradually increasing number of West African countries. Capacity for HIV/AIDS epidemiological and behavioral surveillance data collection and analysis varies among countries in the region. Priorities are 1) the development of uniform data collection tools to be disseminated across the region's member countries; and 2) building regional capacity to interpret and analyze data, including DHS data. Training support will be provided by CDC which offers an annual course on Epidemiology. USAID will support up to five DHS studies over the course of the project. Results will generate an analysis of epidemiological trends in the region which will be used by advocacy partners and others to inform national response strategies and mobilize resources.

Illustrative Outcomes:

- Data collection tools used in member countries
- Viable data set in place for regional planning
- Member countries reporting data to regional advocacy partners
- Country DHS conducted

Support the development of new curriculum for special training needs and using new technologies. Training institutions with regional "reach" can provide leadership by developing new curricula needed to meet new health challenges and to help West African health personnel better manage new technologies. Illustrative areas for support include:

a) EPI or Immunization Management curricula at two training locations – Ghana and Togo
b) Completion, as necessary, of the distance learning curricula at ISED in International Health & Development. This curricula was initiated as part of the FHA project.

Illustrative Outcomes:

- Curriculum completed and used by training institutions (e.g. EPI management, HIV care and support)
- Distance learning course on International Health operational;
- Students enrolled and participating in the new courses.

Assist in developing young health professionals with multi-lingual and information technology skills via program internships. The next generation of West African health leaders and professionals will increasingly need bilingual language facility (French and English) and will need state-of-the-art computer and information technology skills. Practical on-the-job internship experience is also valuable as a component of a graduate degree program. This program provides a natural laboratory for providing on-the-job learning via internships with WAHO and other regional institutions, CDC-Retro, and at CA offices. Qualified university graduates in medicine, nursing, public health, statistics, and the social and behavioral sciences would be eligible to apply for internships with the program. Normally they would be placed in a foreign language setting. The student would be expected to complete a research paper or program during this 2 year period and ideally would receive credit towards a graduate degree at ISED, IRSP or other regional training institutions. The intern would receive a laptop computer and computer training, and would normally be mentored by a skilled professional. At least 50% of the total number of interns – possibly 5-10 per year - would be female.

Illustrative Outcomes:

- Interns complete research papers and internship programs each year

Health Sector Reform Outcome Table

I.R. 5.3 Increasing Capacity of Regional Institutions

Activities	**Implementation mechanism**	**Partners**	**Outcomes**
Improve WAHO capacity to effectively manage select program activities	RFA	WAHO	• Capacity of WAHO to effectively manage select program activities • WAHO staff hired and trained to replace LTTA and STTA consultants • Admin, personnel and financial management systems established and functioning
Support long-term sustainability of CERPOD	RFA	CERPOD	• Governance issues with CILSS resolved satisfactorily • CERPOD implements financial and other needed reform actions • Budget deficit eliminated • competitive contracts and grants obtained • Skills in HIV upgraded and successfully marketed.
Foster the further development and use of regional technical resource centers	RFA, ideally with West African partners	Multiple regional institutions	• regional institutions meet their Institutional strengthening grant objectives (elements of managerial capacity, technical capacity, financial management capacity) • Institutions recognized as centers of competency in areas of key technical need to support HIV, FP/RH, CS and ID regional requirements • regional partners taking leadership role in key technical areas

Activities	**Implementation mechanism**	**Partners**	**Outcomes**
Support the development of new curriculum for special training needs	RFA	Regional Partners	• Curriculum completed and in use in 1 or more training institution(e.g. EPI management, HIV care and support) • Distance learning course on

			International Health operational • students enrolled
Assist in developing young health professionals with multi-lingual and information technology skills via program internships	RFA	ISED, IRSP, etc.	• interns complete internship each year (e.g. 10 per year)
Support the marketing and promotion of services of regional capacity building and regional organizations with valuable technical skills.	RFA with West African Partners	Various	• Consultant database accessed within region • TA provided by regional partners and consultants

C. Program Summary

The following is a summary of the illustrative activities, across sectors, by IR and grant award

Table of Illustrative Activities by I.R.

ACTIVITIES ACROSS THREE AWARDS	**Award #1 HIV/AIDS**	**Award #2 FP/RH CS/ID**	**Institutional Strengthening**
IR 1			
1. Expansion of Cross-border service models - Cross-border and Nigeria-Cameroon route: expand into STI and VCT with FP component - TA Support to other Cross-border programs	 X X	 X	
2. Identification, analysis, testing and dissemination of best practices HIV/AIDS: - STI services - Youth prevention campaigns - HIV Hotlines RH: - Clinic-based quality assurance best practices - Adolescent reproductive health - Non-facility family planning CS/ID/MN: - IMCI training and educational materials	 X X	 X X X X X	
3. Support for demonstration projects to expand the range of services of existing family planning or HIV/AIDS service models to primary health care clinics	X	X	
4. Encourage replication of best practice models through the judicious use of TA and matching grants	X	X	

IR 2			
1. Support WAHO and other regional capacity to monitor implementation of key international agreements and treaties and conduct annual reviews of funding provided by ECOWAS countries and donors.	X	X	
2. Support development of regional advocacy plans for HIV/AIDS, FP/RH and CS and strengthen the advocacy and communication skills of select regional organizations and key stakeholders such as networks and professional organizations.	X	X	X
3. Support essential data collection via cost-sharing and leveraging other donor support for national DHS studies, including HIV and Malaria modules. USAID no longer will have resources to finance periodic DHS studies for countries in the region. More modest USAID cost-sharing with new donor programs, such as World Bank MAPs, the Global Fund, etc, will be used to leverage continued collection of essential reproductive health, HIV/AIDS and Malaria data	X-in support of field support CA	X- in support of field support CA	
4. Develop and encourage adoption of model policies, norms and procedures for care and support, VCT, breastfeeding, MTCT to guide national interventions in HIV/AIDS	X		
IR 3			
1. Improve WAHO capacity to effectively manage select program activities:			X
2. Support the long-term sustainability of CERPOD	X		X
3. Foster the further development and use of regional technical resource centers: courses	X	X	X
4. Support the marketing and promotion of services of regional capacity building and regional organizations with valuable technical skills	X	X	X
5. Build capacity for HIV/AIDS surveillance, data collection and analysis. The program would work in tandem with the CDC regional program in a gradually increasing number of West African countries.	X		
6. Support the development of new curriculum for special training needs and using new technologies.	X	X	X
7. Assist in developing young health professionals with multi-lingual and information technology skills via program internships			X

IR4			
1. Develop regional Commodity Security Plan(s) and mobilize funds for procurement of essential commodities. Historically USAID has provided significant quantities of condoms, FP methods, STI treatment kits, Oral rehydration salts and other essential commodities in the region. New regional procurement and commodity security mechanisms must now be explored, and sources of funds leveraged from donors and governments to ensure that key commodities will be increasingly available at reasonable prices. The program can provide TA and commodity "seed" support to encourage adoption of new mechanisms.	X	X	
2. Provide planning support to increase access to and better use new donor resources (MAPS, Global Fund, GAVI, HIPC, SWAP). West African access to new donor funding sources often is limited by ability to prepare high quality proposals or by knowledge of donor requirements. Careful use of TA to assist in proposal preparation, especially for highly technical components such as logistics management or social marketing, can unlock much needed donor resources. TA might also be used to unclog lengthy donor pipelines.	X	X	
3. Assess experience in region with workplace-based services and support pilot initiatives of regional companies and institutions.	X	X	

VI. Implementation Arrangements

A. USAID Management Structure and Responsibilities

USAID's West Africa Regional Program (WARP) Mission is currently located in Bamako, Mali. The cognizant technical office providing oversight for the WARP health portfolio, which currently consists of the FHA project, is provided by the USAID Senegal Health Officer who is located in USAID/Dakar.

WARP's mandate requires it to work collaboratively with USAID's West African bilateral missions and to support and complement bilateral mission activities. To ensure that this process takes place, WARP works closely with an Advisory Board composed of regional bilateral mission directors, office directors from the Africa Bureau, and more recently, Ambassadors from non-presence countries in the West Africa Region. The Advisory Board is chaired by the senior Deputy Assistant Administrator (DAA) for the Africa Bureau. The Board meets annually to discuss areas of common interest, assess progress in program implementation and address problems encountered.

The WARP Office is scheduled to move to Accra, Ghana by September 2003. This date coincides with the end of the current FHA project and start of the new West Africa Health Program. The WARP Mission Director is in the process of recruiting a three-person SO5 team which will be responsible for managing the WARP health portfolio from Accra. The team will be composed of two USDH Officers (a PHN Officer and an HIV/AIDS Officer), and one TAACS or PSC with

complementary skills. This team will meet annually with the West Africa Technical Advisory Group (TAG) to review and make suggestions on technical aspects of the project. The TAG is composed of PHN Officers and WARP activity officers from the six USAID Missions in the region and activity officers in Embassies in non-presence countries.

WARP also plans to hire for most of all non-presence countries one WARP activity officer with generalist skills and experience in the region to serve as a WARP program liaison. This person will normally be stationed in the U.S. Embassy and will serve as a contact point and facilitator for all WARP program activities (not just health) in that country.

The responsibilities of the WARP health team will include:

- Monitoring and evaluation of the West Africa Health Program
- Planning and securing resources for complementry field support activities
- Overall management of Ambassador's Fund resources
- Coordination with other donors in the region

B. Parameters for the Location of CA Offices and Staff

Applicants should weigh the following factors in their decisions on where to locate their COPs and other proposed staff within the region:

a) The requirement that the two awardees (CAs), and especially their COPs, coordinate their activities closely;
b) Effective coordination with the WARP SO5 management team planned for relocation in Accra, Ghana by September, 2003;
c) Effective coordination with key regional health institutions and organizations and networks who will receive support from the new program;
d) Effective coordination with other donor organizations and staff;
e) Cost considerations, including cost and ease of travel throughout the region;
f) Security considerations.

USAID anticipates a somewhat decentralized level of recipient technical and management staffing below the COP level in order to allow full coverage of the region. However, locating COPs with the WARP office during at least the first two years of the program is highly recommended to ensure the close collaboration envisioned. Establishment of 2-3 regional offices in strategic locations across the region should be considered.

C. Minimum Key Personnel Position Required by USAID

Award #1 (HIV/AIDS as primary focus)

1. Chief of Party Qualifications

- Demonstrated management and leadership skills working with large, complex programs; strong administrative, management skills and excellent verbal and written communication skills
- Experience with management of USAID and/or other donor programs, knowledge of USAID rules and regulations and the SO/IR system.
- Graduate degree and minimum of 10 years of experience in health programs in Africa, preferably West Africa.
- Minimum of five (5) years direct professional experience in the field of HIV/AIDS with a thorough understanding of its impact and appropriate responses for Africa
- Demonstrated experience in undertaking high-level policy dialogue with a multitude of different stakeholders.
- Bilingual skills in French and English (FSI S4/R4 equivalent for both)
- Previous experience working with regional partners, regional organizations and institutions and with NGO programs.

2) Senior Technical Officer- HIV/AIDS Qualifications

- Graduate degree and minimum 7 years of experience working in HIV/AIDS programs in Africa
- Strong skills in design, implementation and monitoring of program components; e.g. services, training, advocacy and coordination
- Solid knowledge in strategic development and implementation of SOTA HIV/AIDS programs
- Demonstrated capacity to work with African experts and partners in developing technical materials and providing training to improve service delivery, advocacy and resource mobilization for expanding HIV/AIDS prevention, as well as care and support programs
- Experience with technical leadership for programs funded by USAID and/or other donor programs in developing countries, preferably with significant West Africa experience

Award #2 (Reproductive Health, Child Survival and Infectious Disease as primary foci)

1) Chief of Party Qualifications

- Demonstrated management and leadership skills working with large, complex programs
- Experience with management of USAID and/or other donor programs, knowledge of USAID rules and regulations and the SO/IR system.
- Graduate degree and minimum 10 years of experience in human resource development, capacity building and training in Africa, preferably West Africa.
- Bilingual skills in French and English (FSI - S4/R4 equivalent in both)
- Demonstrated ability in designing, coordinating and implementing training programs (in-service, pre-service, internship) for the PHN sector
- Previous experience working with regional partners, regional organizations and institutions.

2) Senior Technical Officer- Family Planning/Reproductive Health Qualifications

- Graduate degree and minimum 7 years of experience working in Family planning/reproductive health and/or maternal child health programs in Africa
- Strong skills in design, implementation and monitoring of program components; e.g. services, training, advocacy and coordination
- Solid knowledge in strategic development and implementation of family planning programs
- Demonstrated capacity to work with African experts and partners in developing technical materials and providing training to improve service delivery, advocacy and resource mobilization for expanding FP/RH
- Experience with technical leadership for programs funded by USAID and/or other donor programs in developing countries, preferably with significant West Africa experience

VII. Reporting Requirements

The recipients will adhere to all planning and reporting requirements listed below.

a) Annual Work Plan: The first year work plans are due 90 days after award and, thereafter, 30 calendar days before the beginning of the next reporting period. The work plan will include: 1) a comparison of actual accomplishments with the goals and objectives established for the period; 2) identification of quantifiable outputs of the program; 3) reasons why goals were not met; and 4) analysis and explanation of cost overruns of high unit costs, when appropriate.

b) Semi-annual Performance Monitoring Report: The recipient shall submit an updated report on progress towards agreed targets six months after each of the Annual Work Plans.

c) Final Report: This is required 90 days after the completion of a Cooperative Agreement.

Management Review and External Evaluation: The annual work plan will form the basis of a joint management review by USAID and program staff to review program directions, achievement of the prior year work plan objectives and major management and implementation issues, and to make recommendations for any changes as appropriate.

During the third year of the program, USAID may conduct an external mid-term evaluation or assessment to review overall progress, assess the continuing appropriateness of the program design, and identify any factors impeding effective implementation. USAID will utilize the results of the mid-term evaluation to make mid-course changes in strategy if needed and to help determine appropriate future directions.

SECTION IV

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

CERTIFICATIONS, ASSURANCES, AND OTHER STATEMENTS OF RECIPIENT [1][2]

PART I - CERTIFICATIONS AND ASSURANCES

1. ASSURANCE OF COMPLIANCE WITH LAWS AND REGULATIONS GOVERNING NON-DISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS

(a) The recipient hereby assures that no person in the United States shall, on the bases set forth below, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, any program or activity receiving financial assistance from USAID, and that with respect to the grant for which application is being made, it will comply with the requirements of:

(1) Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352, 42 U.S.C. 2000-d), which prohibits discrimination on the basis of race, color or national origin, in programs and activities receiving Federal financial assistance;

(2) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving Federal financial assistance;

(3) The Age Discrimination Act of 1975, as amended (Pub. L. 95-478), which prohibits discrimination based on age in the delivery of services and benefits supported with Federal funds;

(4) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, et seq.), which prohibits discrimination on the basis of sex in education programs and activities receiving Federal financial assistance (whether or not the programs or activities are offered or sponsored by an educational institution); and

(5) USAID regulations implementing the above nondiscrimination laws, set forth in Chapter II of Title 22 of the Code of Federal Regulations.

(b) If the recipient is an institution of higher education, the Assurances given herein extend to admission practices and to all other practices relating to the treatment of students or clients of the institution, or relating to the opportunity to participate in the provision of services or other benefits to such individuals, and shall be applicable to the entire institution unless the recipient establishes to the satisfaction of the USAID Administrator that the institution's practices in designated parts or programs of the institution will in no way affect its practices in the program of the institution for which financial assistance is sought, or the beneficiaries of, or participants in, such programs.

(c) This assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the recipient by the Agency, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

(a) Instructions for Certification

(1) By signing and/or submitting this application or grant, the recipient is providing the certification set out below.

(2) The certification set out below is a material representation of fact upon which reliance was placed when the agency determined to award the grant. If it is later determined that the recipient knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

(3) For recipients other than individuals, Alternate I applies.

(4) For recipients who are individuals, Alternate II applies.

(b) Certification Regarding Drug-Free Workplace Requirements

Alternate I

(1) The recipient certifies that it will provide a drug-free workplace by:

(A) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the applicant's/grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(B) Establishing a drug-free awareness program to inform employees about--

1. The dangers of drug abuse in the workplace;

2. The recipient's policy of maintaining a drug-free workplace;

3. Any available drug counseling, rehabilitation, and employee assistance programs; and

4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(C) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (b)(1)(A);

(D) Notifying the employee in the statement required by paragraph (b)(1)(A) that, as a condition of employment under the grant, the employee will--

1. Abide by the terms of the statement; and

2. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;

(E) Notifying the agency within ten days after receiving notice under subparagraph (b)(1)(D)1, from an employee or otherwise receiving actual notice of such conviction;

(F) Taking one of the following actions, within 30 days of receiving notice under subparagraph (b)(1)(D)2., with respect to any employee who is so convicted--

1. Taking appropriate personnel action against such an employee, up to and including termination; or

2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(G) Making a good faith effort to continue to maintain a drug- free workplace through implementation of paragraphs (b)(1)(A), (b)(1)(B), (b)(1)(C), (b)(1)(D), (b)(1)(E) and (b)(1)(F).

(2) The recipient shall insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

_____

_____

_____

_____

Alternate II

The recipient certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the grant.

3. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS -- PRIMARY COVERED TRANSACTIONS [3]

(a) Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to whom this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meaning set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. [4] You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," [5] provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the methods and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealing.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

(b) Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions

(1) The prospective primary participant certifies to the best of its knowledge and belief, the it and its principals:

(A) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(B) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(C) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(B) of this certification;

(D) Have not within a three-year period proceeding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

4. CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the

extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, United States Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that: If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

5. PROHIBITION ON ASSISTANCE TO DRUG TRAFFICKERS FOR COVERED COUNTRIES AND INDIVIDUALS (ADS 206)

USAID reserves the right to terminate this [Agreement/Contract], to demand a refund or take other appropriate measures if the [Grantee/ Contractor] is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140. The undersigned shall review USAID ADS 206 to determine if any certification are required for Key Individuals or Covered Participants.

If there are COVERED PARTICIPANTS: USAID reserves the right to terminate assistance to, or take or take other appropriate measures with respect to, any participant approved by USAID who is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

The recipient has reviewed and is familiar with the proposed grant format and the applicable regulations, and takes exception to the following (use a continuation page as necessary):

_____

_____

_____

_____

_____

Solicitation No. _____

Application/Proposal No. _____

Date of Application/Proposal _____

Name of Recipient _____

Typed Name and Title _____

_____

Signature _____ Date _____

[1] FORMATS\GRNTCERT: Rev. 06/16/97 (ADS 303.6, E303.5.6a) [2] When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term "Grant" means "Cooperative Agreement". [3] The recipient must obtain from each identified subgrantee and (sub)contractor, and submit with its application/proposal, the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Transactions, set forth in Attachment A hereto. The recipient should reproduce additional copies as necessary. [4] See ADS Chapter E303.5.6a, 22 CFR 208, Annex1, App A. [5] For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the grant standard provision entitled "Debarment, Suspension, and Related Matters" if the recipient is a U.S. nongovernmental organization, or in the grant standard provision entitled "Debarment, Suspension, and Other Responsibility Matters" if the recipient is a non-U.S. nongovernmental organization.

PART II - OTHER STATEMENTS OF RECIPIENT

1. AUTHORIZED INDIVIDUALS

The recipient represents that the following persons are authorized to negotiate on its behalf with the Government and to bind the recipient in connection with this application or grant:

Name Title Telephone No. Facsimile No.

_____

_____

_____

2. TAXPAYER IDENTIFICATION NUMBER (TIN)

If the recipient is a U.S. organization, or a foreign organization which has income effectively connected with the conduct of activities in the U.S. or has an office or a place of business or a fiscal paying agent in the U.S., please indicate the recipient's TIN:

TIN: _____

3. CONTRACTOR IDENTIFICATION NUMBER - DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER

(a) In the space provided at the end of this provision, the recipient should supply the Data Universal Numbering System (DUNS) number applicable to that name and address. Recipients should take care to report the number that identifies the recipient's name and address exactly as stated in the proposal.

(b) The DUNS is a 9-digit number assigned by Dun and Bradstreet Information Services. If the recipient does not have a DUNS number, the recipient should call Dun and Bradstreet directly at 1-800-333-0505. A DUNS number will be provided immediately by telephone at no charge to the recipient. The recipient should be prepared to provide the following information:

(1) Recipient's name.
(2) Recipient's address.
(3) Recipient's telephone number.
(4) Line of business.
(5) Chief executive officer/key manager.
(6) Date the organization was started.
(7) Number of people employed by the recipient.
(8) Company affiliation.

(c) Recipients located outside the United States may obtain the location and phone number of the local Dun and Bradstreet Information Services office from the Internet Home Page at http://www.dbisna.com/dbis/customer/custlist.htm. If an offeror is unable to locate a local service center, it may send an e-mail to Dun and Bradstreet at globalinfo@dbisma.com.

The DUNS system is distinct from the Federal Taxpayer Identification Number (TIN) system.

DUNS: _____

4. LETTER OF CREDIT (LOC) NUMBER

If the recipient has an existing Letter of Credit (LOC) with USAID, please indicate the LOC number:

LOC: _____

5. PROCUREMENT INFORMATION

(a) Applicability. This applies to the procurement of goods and services planned by the recipient (i.e., contracts, purchase orders, etc.) from a supplier of goods or services for the direct use or benefit of the recipient in conducting the program supported by the grant, and not to assistance provided by the recipient (i.e., a subgrant or subagreement) to a subgrantee or subrecipient in support of the subgrantee's or subrecipient's program. Provision by the recipient of the requested information does not, in and of itself, constitute USAID approval.

(b) Amount of Procurement. Please indicate the total estimated dollar amount of goods and services which the recipient plans to purchase under the grant:

$_____

(c) Nonexpendable Property. If the recipient plans to purchase nonexpendable equipment which would require the approval of the Agreement Officer, please indicate below (using a continuation page, as necessary) the types, quantities of each, and estimated unit costs. Nonexpendable equipment for which the Agreement Officer's approval to purchase is required is any article of nonexpendable tangible personal property charged directly to the grant, having a useful life of more than one year and an acquisition cost of $5,000 or more per unit.

TYPE/DESCRIPTION(Generic)	QUANTITY	ESTIMATED UNIT COST

(d) Source, Origin, and Componentry of Goods. If the recipient plans to purchase any goods/commodities which are not of U.S. source and/or U.S. origin, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, and probable source and/or origin. "Source" means the country from which a commodity is shipped to the cooperating country or the cooperating country itself if the commodity is located therein at the time of purchase. However, where a commodity is shipped from a free port or bonded warehouse in the form in which received therein, "source" means the country from which the commodity was shippedto the free port or bonded warehouse. Any commodity whose source is a non-Free World country is ineligible for USAID financing. The "origin" of a commodity is the country or area in which a commodity is mined, grown, or produced. A commodity is produced when, through manufacturing, processing, or substantial and major assembling of components, a commercially recognized new commodity results, which is substantially different in basic characteristics or in purpose or utility from its components. Merely packaging various items together for a particular procurement or relabeling items does not constitute production of a commodity. Any commodity whose origin is a non-Free World country is ineligible for USAID financing. "Components" are the goods which go directly into the production of a produced commodity. Any component from a non-Free World country makes the commodity ineligible for USAID financing.

TYPE/DESCRIPTION (Generic)	QUANTITY	ESTIMATED UNIT COST	GOODS COMPONENTS	PROBABLE SOURCE	GOODS COMPONENTS PROBABL ORIGIN

(e) Restricted Goods. If the recipient plans to purchase any restricted goods, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, intended use, and probable source and/or origin. Restricted goods are Agricultural Commodities, Motor Vehicles, Pharmaceuticals, Pesticides, Rubber Compounding Chemicals and Plasticizers, Used Equipment, U.S. Government-Owned Excess Property, and Fertilizer.

TYPE/DESCRIPTION (Generic)	QUANTITY	ESTIMATED UNIT COST	PROBABLE SOURCE	PROBABLE ORIGIN	INTENDED USE

(f) Supplier Nationality. If the recipient plans to purchase any goods or services from suppliers of goods and services whose nationality is not in the U.S., please indicate below (using a continuation page, as necessary) the types and quantities of each good or service, estimated costs of each, probable nationality of each non-U.S. supplier of each good or service, and the rationale for purchasing from a non-U.S. supplier. Any supplier whose nationality is a non-Free World country is ineligible for USAID financing.

TYPE/DESCRIPTION (Generic)	QUANTITY	ESTIMATED UNIT COST	PROBABLE SLUPPIER (Non-US Only)	NATIONALITY	RATIONALE for NON-US

(g) Proposed Disposition. If the recipient plans to purchase any nonexpendable equipment with a unit acquisition cost of $5,000 or more, please indicate below (using a continuation page, as necessary) the proposed disposition of each such item. Generally, the recipient may either retain the property for other uses and make compensation to USAID (computed by applying the percentage of federal participation in the cost of the original program to the current fair market value of the property), or sell the property and reimburse USAID an amount computed by applying to the sales proceeds the percentage of federal participation in the cost of the original program (except that the recipient may deduct from the federal share $500 or 10% of the proceeds, whichever is greater, for selling and handling expenses), or donate the property to a host country institution, or otherwise dispose of the property as instructed by USAID.

TYPE/DESCRIPTION(Generic)	QUANTITY	ESTIMATED UNIT COST	PROPOSED DISPOSITION

6. PAST PERFORMANCE REFERENCES

On a continuation page, please provide a list of the ten most current U.S. Government and/or privately-funded contracts, grants, cooperative agreements, etc., and the name, address, and telephone number of the Contract/Agreement Officer or other contact person.

7. TYPE OF ORGANIZATION

The recipient, by checking the applicable box, represents that -

(a) If the recipient is a U.S. entity, it operates as [ ] a corporation incorporated under the laws of the State of, [ ] an individual, [ ] a partnership, [ ] a nongovernmental nonprofit organization, [ ] a state or loc al governmental organization, [ ] a private college or university, [ ] a public college or university, [ ] an international organization, or [ ] a joint venture; or

(b) If the recipient is a non-U.S. entity, it operates as [ ] a corporation organized under the laws of _____ (country), [ ] an individual, [ ] a partnership, [ ] a nongovernmental nonprofit organization, [ ] a nongovernmental educational institution, [ ] a governmental organization, [ ] an international organization, or [ ] a joint venture.

8. ESTIMATED COSTS OF COMMUNICATIONS PRODUCTS

The following are the estimate(s) of the cost of each separate communications product (i.e., any printed material [other than non- color photocopy material], photographic services, or video production services) which is anticipated under the grant. Each estimate must include all the costs associated with preparation and execution of the product. Use a continuation page as necessary.

Attachment A

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

(a) Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," ineligible, "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, has the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. 1/ You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier covered Transaction," 2/ without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non procurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

(b) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Solicitation No. _____

Application/Proposal No. _____

Date of Application/Proposal _____

Name of Applicant/Subgrantee _____

Typed Name and Title _____

_____

Signature _____

1/ See ADS Chapter 303, 22 CFR 208.

2/ For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the USAID grant standard provision for U.S. nongovernmental organizations entitled "Debarment, Suspension, and Related Matters" (see ADS Chapter 303), or in the USAID grant standard provision for non-U.S. nongovernmental organizations entitled "Debarment, Suspension, and Other Responsibility Matters" (see ADS Chapter 303).

KEY INDIVIDUAL CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

I hereby certify that within the last ten years:

1. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.

2. I am not and have not been an illicit trafficker in any such drug or controlled substance.

3. I am not and have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

Signature: _____

Date: _____

Name: _____

Title/Position: _____

Organization: _____

Address: _____

_____

Date of Birth: _____

NOTICE:

1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain key individuals of organizations must sign this Certification.

2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

PARTICIPANT CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

1. I hereby certify that within the last ten years:

a. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.

b. I am not and have not been an illicit trafficker in any such drug or controlled substance.

c. I am not or have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

2. I understand that USAID may terminate my training if it is determined that I engaged in the above conduct during the last ten years or during my USAID training.

Signature: _____

Name: _____

Date: _____

Address: _____

_____

Date of Birth: _____

NOTICE:

1. You are required to sign this Certification under the provisions of 22 CFR Part 140,Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain participants must sign this Certification.

2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

FORMATS\GRNTCERT: Rev. 06/16/97 (ADS 303.6, E303.5.6a) When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term "Grant" means "Cooperative Agreement". The recipient must obtain from each identified subgrantee and (sub)contractor, and submit with its application/proposal, the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Transactions, set forth in Attachment A hereto. The recipient should reproduce additional copies as necessary. See ADS Chapter E303.5.6a, 22 CFR 208, Annex1, App A. For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the grant standard provision entitled "Debarment, Suspension, and Related Matters" if the recipient is a U.S. nongovernmental organization, or in the grant standard provision entitled "Debarment, Suspension, and Other Responsibility Matters" if the recipient is a non-U.S. nongovernmental organization.

SECTION V - ANNEXES

REFERENCES

Analyse de la Situation de VIH/SIDA dans le Milieu du Travail en Cote d'Ivoire. Family Health International, June 2001. Available online at: http://www.fha-sfps.org/down_doc.htm

DRAFT: The Analysis of Donor Coordination in the Population/Health Sector in West and Central Africa. Lisanne Brown, Cosmos Cheka, Errol Williams, Jane Betrand, January 1998.

Evaluation de l'integration/prise en charge des IST dans les cliniques de Planification familiale en Cote d'Ivoire: Rapport d'Evaluation. Family Health International, October 2001. Available online at: http://www.fha-sfps.org/down_doc.htm

Family Health and AIDS Project Modification Activity. Gary Leinen, POPTECH consultant. March 2001. Available Available online: http://www.fha-sfps.org/down_doc.htm

FHA Final Evaluation. Saul Helfenbein and Elizabeth DuVerlie, POPTECH consultants. August 2002.
Avaliable via email attachment (PDF) from the Regional Agreement Officer.

Five-Year Strategic Plan of the West African Health Organization (WAHO) FY 2003-2007. WAHO Strategic Planning Committee, July 2002.

The Health Sector Human Resource Crisis in Africa: An Issues Paper. USAID, Bureau for Africa, Office of Sustainable Development, Draft November 2001.

HIV/AIDS Networking Guide. International Council of AIDS Service Organizations. June 2000. Available online at: http://www.icaso.org/docs/icasonetwknguide.htm

Institutional Development Assessments of SFPS West and Central Parnter Organizations. Susan Brechin, Laura Haas, Lisanne Brown. June 1998. Available online: http://www.fha-sfps.org/down_doc.htm

Meeting Report: Implementing the Vision for Strategic Intervention in HIV and AIDS in West Africa. USAID, FHA, May 2001 at Golf Hotel, Abidjan, Cote d'Ivoire.

P.L. 480 Title II Development Program Policies. USAID/DCHA/Office of Food for Peace, November 1, 2002. Available at: http://www.usaid.gov/hum_response/ffp/fy04_dpp.html

Projet de Planning Familial et Prevention du SIDA: Rapport Final, October 1995 – August 2001. KFW and Population Services International. April 2002.

SFPS Experience with Institutional Development of African Partners. Michael Shereikis, Susi Wyss. April 2002.

West African Regional Program (WARP) Strategic Plan FY 2001-2008. USAID, Regional Strategy Team, Africa Bureau, December 2000. Available online at: http://www.dec.org/pdf_docs/PDABS527.pdf

DRAFT: West Africa Regional Program's HIV/AIDS Strategy 2003-2008. Report submitted to Washington for review, December 2002. Avaliable via email attachment (MS Word) from the Regional Agreement Officer.

Wilson, David. The West African Regional Migrant Project (PSAMAO). Mid-term review. June, 2002.
Avaliable via email attachment (MS Word) from the Regional Agreement Officer.

Africa Bureau PHN Activities SO20 and SO19
September 25, 2002

SO20: Family Planning and Reproductive Health

Cooperating Agencies/Partner: G/PHN

TECHNICAL AREAS	INTERVENTIONS
TECHNICAL ASSISTANCE	▪ Co-funding of FGC fellow with G/PHN

Cooperating Agencies/Partner: FHI (FY01)

TECHNICAL AREAS	INTERVENTIONS
ADVOCACY	▪ Provide policy makers and program planners with information to make evidence based decisions regarding the role of the female condom in RH services. In addition, a strategy is being designed to disseminate research, reports, lessons learned, key findings etc. from the project
TRAINING & CAPACITY BUILDING	▪ Hold a dissemination meeting in D.C. (see report on Dec. 18 2001 meeting) ▪ Key findings from female condom research and country program experiences presented at RH priorities conference in South Africa 2001

Cooperating Agencies/Partner: Policy II (FY01)

TECHNICAL AREAS	INTERVENTIONS
ADVOCACY	Advocating for strengthened FP programs in countries that have been severely impacted by AIDS epidemic through the following activities: • Conduct 3 country case studies to examine trends in funding, unmet need, role of private sector in the last 10 years. • Engage missions, donors, and country decision makers to continue FPP policy dialogue • Share FPP lessons learned across countries

Cooperating Agencies/Partner: PRB

TECHNICAL AREAS	INTERVENTIONS
ADVOCACY	Measure **C**ommunication-Pop-mediafrique & Femme-mediafrique: ▪ Work with two networks of print and broadcast editors in five Francophone West African countries in order to increase coverage of FP/RH issues in the region

	(Burkina, CI, Mali, Mauritania, Senegal). ▪ In addition, includes policy-makers and established editors network and supports improved relationship between media and medical/public health communities. ▪ New directions include creating a network of women journalists- one in Southern Africa (first meeting held April 2002 in Kampala)
REARCH & ANALYSIS	Measure Communication FGC: (FY99) • An analysis of data from DHS surveys regarding prevalence and attitudes regarding FGC • Approaches to abandon FGC based on findings from the PATH/WHO report and other information (e.g., OR studies from Pop Council and other literature) • Conduct in depth analysis of DHS data on ARH with Macro and produce a youth chart book • Garner media coverage of the regional Francophone Africa PAC Conference

Cooperating Agencies/Partner: Pop-Council

TECHNICAL AREAS	**INTERVENTIONS**
ADVOCACY	Frontiers: • Support for selected African network members to present their experiences on FGC integration at important regional conferences such as ICASA, Reproductive Health Priorities and others • Support for sharing of best practices in STI/FP integration in Francophone Africa and Internationally with focus on regional conferences and partnering with African institutions
REARCH & ANALYSIS	Frontiers: (FY00) • Research on Integration of MCH and STIs/FP in Kenya and Zimbabwe • Testing the replicability of the Tostan community-based approach to eliminating FGC in Senegal and in Burkina Faso

Cooperating Agencies/Partner: JHPIEGO/MNH

TECHNICAL AREAS	**INTERVENTIONS**
ADVOCACY	▪ Regional sharing of lessons learned in Burkina Faso in the use of generic EOC curriculum ▪ Dissemination of best practices and lessons learned in safe motherhood in Francophone West Africa
TECHNICAL ASSISTANCE	▪ Finalization of generic curriculum on essential obstetric care and use of this curriculum in Burkina Faso ▪ Developing a resource package including performance improvement tools, training and job aids and a social mobilization manual
TRAINING &	▪ Developed a core group of clinical trainers on EOC skills , clinical standardization and

CAPACITY BUILDING	knowledge in Africa

Cooperating Agencies/Partner: JHPIEGO/ TRH

TECHNICAL AREAS	INTERVENTIONS
ADVOCACY	▪ Sharing of best practices in Post Abortion Care (PAC) ▪ Participation in steering committee and in holding a regional PAC meeting to take stock of on-going work and to assist West African countries to plan for PAC activities including behavioral and community mobilization issues. Partners include: CEFOREP, SAGO, RESAR, CERPOD, INTRAH ▪ TA to integrate newly finalized guidelines, standards and pre-service curriculum on essential obstetric care (EOC) into countries in the region.

Cooperating Agencies/Partner: EngenderHealth

TECHNICAL AREAS	INTERVENTIONS
TECHNICAL ASSISTANCE	▪ AVSC preparing and pilot testing in Uganda and Tanzania a training curriculum for health workers to improve their service delivery with men. AVSC will also evaluate and document lessons learned in male involvement in Guinea (FY99)
REARCH & ANALYSIS	▪ Support to RESAR in the finalization and publication of a multi-country (Togo, Niger, Cameroon and Benin) study on male involvement in RH ▪ Assist RESAR to disseminate findings to programmers and policy makers. (FY98) ▪ Will develop a publication for dissemination that captures the lessons learned from the pilot-testing of the curriculum and the results of the evaluation of the men's RH curriculum. It is expected that the lessons documented in this report will enable other service providers to learn about the experiences of their colleagues in the region with the implementation of the RH services for men.

Cooperating Agencies/Partner: PSI

TECHNICAL AREAS	INTERVENTIONS
REARCH & ANALYSIS	▪ Documentation of the Uganda, Cameroon, South Africa and Mozambique experiences and lessons learned in social marketing of pre-packaged STD therapy (PPT) (FY99) ▪ Support for feasibility study of social marketing of PPT in Nigeria (FY99) ▪ With ICRW, PSI will undertake a study on cross-generational sexual activity (younger women and older men) in order to better understand, document, and draw attention to this issue, to explore the behavioral dynamics of cross-generational sexual activity, and to make recommendations for communication campaigns (FY99)

Cooperating Agencies/Partner: NGO Networks for Health

TECHNICAL AREAS	INTERVENTIONS
REARCH & ANALYSIS	▪ In Mali, Nigeria, and Kenya, Networks is documenting the growth and development of health networks to inform the project and the broader development community about the use of networks as mechanisms to expand reach and access to FP/RH information and services. ▪ The Nigeria dissemination meeting is scheduled for June 13-14, 2001 in Nigeria. Dissemination meetings in Mali and Kenya are in the planning stages. (FY99)

Cooperating Agencies/Partner: SARA Project

TECHNICAL AREAS	INTERVENTIONS
ADVOCACY	▪ Finalize and support a program of assistance for the Commonwealth Regional Health Community Secretariat (CRHCS). CRHCS will use multiple channels to share appropriately packaged state of the art RH information with 14 member countries ▪ Document lessons learned during the phase 1 of FHA/SFPS ▪ Provide support to various partners including International Council of Midwives Africa Regional Conference and UNICEF to include sessions on malaria in pregnancy ▪ Work with MNH and CEFOREP to follow-up to MNH workshop by disseminating and regional training on a curriculum, standards and guidelines for EOC clinical practice in West Africa
TECHNICAL ASSISTANCE	▪ Provide TA to CRHCS and CEFOREP in policy monitoring
TRAINING & CAPACITY BUILDING	▪ Support CERPOD to design and conduct a course on qualitative research techniques targeted to RH professionals in Francophone Africa ▪ Support CEFOREP to host regional PAC meeting and conduct follow- up
REARCH & ANALYSIS	▪ Support to CERPOD to update information on adolescent RH in the region by conducting an in-depth analysis of new DHS data from the region ▪ Assist ACNM to reformat and disseminate its database on TBAs and to disseminate the findings of its meta analysis; organize consultative meeting in DC on role of TBAs in safe motherhood

Cooperating Agencies/Partner: PHNI

TECHNICAL AREAS	INTERVENTIONS
TECHNICAL ASSISTANCE	Works with missions that request technical assistance on performance monitoring and reporting
REARCH & ANALYSIS	Provides support to the Africa Bureau by the following services: • R4 review assistance • PHN country overview updates • Analysis of the health status of children and adolescents • Best practices e-notes

	Ad-hoc technical analysis

Cooperating Agencies/Partner: Regional Logistics Initiative (RLI)

TECHNICAL AREAS	INTERVENTIONS
ADVOCACY	• Regional Logistics Policy Workshops • Regional HIV/AIDS Logistics workshop • Regional drug management workshop • Regional contraceptive security
TECHNICAL ASSISTANCE	Intra-regional technical assistance, technical tools, software & materials, drug quantification (Kenya
TRAINING & CAPACITY BUILDING	Makerere University regional short courses, regional study tours, information dissemination

Cooperating Agencies/Partner: JHU/Africa Alive!

TECHNICAL AREAS	INTERVENTIONS
ADVOCACY	▪ Distribute and update the needs assessment binders produced by the various National Working Groups in each country (focus on youth programs). ▪ Develop and promote Voices of Youth, by asking youth to write "postcards", letters and stories about their lives and their concerns, to be published in the local media and on the Africa Alive! website. (FY00)
TRAINING & CAPACITY BUILDING	-Produce and disseminate role model curriculum, TOT materials and user kits. -Broaden and strengthen an effective network of youth partners to increase opportunities for shared resources, expertise, program interventions and exchange of lessons learned. (FY00)
REARCH & ANALYSIS	-Develop research methodologies which examine the effect of targeted interventions on social norms, attitudinal changes, and community action evolving from a) traveling road shows, b) role model workshops with DJs, musicians and athletes and c) published postcards, letters and media diaries (content analysis, media response, policy maker response). (FY00)

Cooperating Agencies/Partner: Minority Health Professional Foundation

TECHNICAL AREAS	INTERVENTIONS
TRAINING & CAPACITY BUILDING	Capacity building with consortium of selected Historically Black Colleges & Universities (HBCUs) to strengthen TA in FP/RH to partner institutions & missions in Africa.

Cooperating Agencies/Partner: WHO/AFRO

TECHNICAL AREAS	INTERVENTIONS
ADVOCACY	Advocacy and policy to promote incorporating FP/RH into regional maternal health initiatives including making pregnancy safer.
TRAINING &	Technical support to WHO/AFRO regional office technical meetings and conferences with

CAPACITY BUILDING	WHO country offices and selected experts.

Africa Bureau PHN Activities SO20 and SO19

SO19: Maternal Health

Cooperating Agencies/Partner: SARA Project

TECHNICAL AREAS	INTERVENTIONS
ADVOCACY	▪ Ongoing work with CEFOREP and SAGO to document experiences in improving pregnancy outcomes and essential obstetric care experiences and country-level advocacy in Benin, Mali, Senegal and Burkina to set new EOC policies (Senegal and Benin have done so as a result of this work) ▪ Ongoing work with CEFOREP to document in a user friendly format experiences in improving pregnancy outcomes through essential obstetric care in Benin, Mali, Senegal and Burkina ▪ Support to SAGO for bi-annual conferences with important maternal health themes ▪ Provide support to UNICEF for inclusion of malaria and pregnancy on agenda at May 2001 meeting of West African first ladies
TECHNICAL ASSISTANCE	▪ Based on successful Uganda experience field test REDUCE model (an advocacy tool for improved MH programs) in Senegal. ▪ Develop strategy for REDUCE roll-out in Africa
TRAINING & CAPACITY BUILDING	▪ Train CEFOREP & SAGO in policy monitoring ▪ Develop African capacity to facilitate REDUCE workshops in region
REARCH & ANALYSIS	▪ Develop monitoring tool for follow up of process indicators in countries where REDUCE applications have taken place.

Cooperating Agencies/Partner: Health Financing & Health Sector Reform

TECHNICAL AREAS	INTERVENTIONS
ADVOCACY	▪ PRB/Measure work on contraceptive security-SOW as yet undefined Futures/Policy Project: ▪ Support for regional analysis and info sharing on RH finance reform SOW as yet undefined.
TECHNICAL ASSISTANCE	▪ Translate & disseminate PHR work in Senegal, & Ghana on pre-paid community health schemes

APPLICATION FOR FEDERAL ASSISTANCE

	2. DATE SUBMITTED	APPLICANT IDENTIFIER
1. TYPE OF SUBMISSION Application ☐ Construction ☐ Non-Construction Preapplication ☐ Construction ☐ Non-Construction	3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
	4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER

5. APPLICANT INFORMATION

Legal Name	Organizational Unit
Address (Street, County, State and ZIP code)	Name and telephone number of person to be contacted on matters involving this application (give area code)

6. EMPLOYER IDENTIFICATION NUMBER (EIN) ☐☐ — ☐☐☐☐☐☐☐☐☐	7. TYPE OF APPLICANT (enter appropriate letter in box) ☐ A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____
8. TYPE OF APPLICATION ☐ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) ☐☐ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) _____	9. NAME OF FEDERAL AGENCY
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER Title:	11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT
12. AREAS AFFECTED BY PROJECT (Cities, Counties, Street, etc.)	

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	Applicant	Project

15. ESTIMATED FUNDING	
a. Federal	
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. Total	

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION-APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE _____

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If 'Yes', attach an explanation. ☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
d. Signature of Authorized Representative		e. Date Signed

Previous Editions Usable
Authorized Local Reproduction

Standard Form 424 (Rev. 4/92)
Prescribed by OMB Circular A-102

INSTRUCTION FOR THE SF424

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain application certification that States which have included in their process, have been given an opportunity to review the applicant's submission.

Item: Entry:

1. Self-explanatory.

2. Date application submitted to Federal agency (or State if applicable) & applicant's control number (if applicable).

3. State use only (if applicable)

4. If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.

5. Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.

6. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.

7. Enter the appropriate letter in the space provided.

8. Check appropriate box and enter appropriate letter(s) in the space(s) provided:

   -- 'New' means a new assistance award.

   -- 'Continuation' means an extension for an additional funding/budget period for a project with a projected completion date.

   -- 'Revision' means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.

9. Name of Federal agency from which assistance is being requested with this application.

10. Use the Catalog of Federal Domestic Assistance Number and title of the program under which assistance is requested.

11. Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to rpovide a summary description of this project.

Item: Entry:

12. List only the largest political entitles affected (e.g., State, counties, cities).

13. Self-explanatory.

14. List the applicant's Congressional District and any District(s) affected by the program or project.

15. Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.

16. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

17. This qustion applies to the applicant organization, not the person who signs as the authroized representative. Categories of debt include delinquent audit disallowances, loans and taxes.

18. To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

BUDGET INFORMATION - Non-Construction Programs

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assist-ance Number (b)	Estimated Unobligated Funds		New or Revised Budget	
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)
1.	-				
2.	-				
3.	-				
4.	-				
5. Totals					

6. Object Class Categories	Grant Program Function or Activity (1)	(2)	(3)	(4)
a. Personnel				
b. Fringe Benefits				
c. Travel				
d. Equipment				
e. Supplies				
f. Contractual				
g. Construction				
h. Other				
i. Total Direct Charges (Sum of 6a-6h)				
j. Indirect Charges				
k. TOTALS (Sum of 6i and 6j)				
7. Program Income				

Previous Edition Usable | Authorized for Local Reproduction | Standard Form Prescribed by

BUDGET INFORMATION - Non-Construction Programs (cont'd)

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sourc
8.			
9.			
10.			
11.			
12. TOTAL (Sum of lines 8-11)			

	Total Amt 1st Year	1st Quarter	2nd Quarter	3rd Quarter
13. Federal				
14. Non-Federal				
15. TOTAL (Sum of lines 13 and 14)				

(a) Grant Program	FUTURE FUNDING PERIODS (Years)		
	(b) First	(c) Second	(d) Third
16.			
17.			
18.			
19.			
20. TOTAL (Sum of lines 16-19)			

21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

Authorized for Local Reproduction Standard Form 424A

INSTRUCTION FOR THE SF424A

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0044), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a - k of Section B.

Section A, Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a single Federal grant program (Federal activity breakdown, enter on Line 1 under Column (a) the catalog program title and the catalog number in Column (b).

For applications pertaining to a single program requiring budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the catalog program title on each line in Column (a) and the respective catalog number on each line in Column (b).

For applications pertaining to multiple programs where one or more programs require a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should always provide the summary totals by programs.

Lines 1-4 Columns (c) through (g)

For new applications, leave Columns (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in Columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (c) and (f).

For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (c) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (c) and (f).

Line 5 - Show the totals for all columns used

Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4. Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Lines 6a - i Show the totals of Lines 6a to 6h in each column.

Line 6j Show the amount of indirect cost.

Line 6k - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in Column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Column (1) - (4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7 - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.

Section C. Non-Federal Resources

Lines 8-11 Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a) - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary

Column (b) - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency.

Column (c) - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d) - Enter the amount of cash and in-kind contributions to be made from all other sources

Column (e) Enter total of columns (b), (c) and (d).

Line 12 - Enter the total for each of Columns (b)-(e). The amount in Column (c) should be equal to the amount on Line 5, Column (f), Section A.

Section D. Forecasted Cash Needs

Line 13 - Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14 - Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15 - Enter the totals of amounts on Lines 13 and 14.

Section E. Budget Estimates of Federal Funds Needed for Balance of the Project.

Lines 16-19 - Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary

Line 20 - Enter the total for each of the Columns (b)-(e). When schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

Section F. Other Budget Information

Line 21 - Use this space to explain amounts for individual direct object-class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22 - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23 - Provide any other explanations or comments deemed necessary.

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for redurcing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. ½4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited by (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. ½1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S C. ½794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. ½6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention. Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) ½½523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 cc-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. ½3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other non-discrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. ½½1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. ½½276a to 276z - 276a-7), the Copeland Act (40 U.S.C. ½½276c and 18 U.S.C. ½½874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. ½½327-333), regarding labor standards for federally assisted construction subagreements.

10. Will comply if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard are to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

Previous Edition Unusable

Standard Form 424B (Rev. 4/92)
Prescribed by OMB Circular A-102

ASSURANCES - NON-CONSTRUCTION PROGRAMS (cont'd)

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (E.O.) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. ½½1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. ½½7401 et seq.); (g) protection of underground sources of drinking water under the Save Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. ½½1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archacological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. ½½4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will ensure to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984 or OMB Circular No. A-133, Audits of Institutions or Higher Learning and other Non-profit Institutions.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

Standard Form 424B (Rev. 4/92) Back